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|---|---|---|
| <p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | <p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2023</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p> |
|---|---|---|

Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description) _____

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

| | |
|---|--|
| <p>1a Name of plan <u>ELECTRICAL WORKERS' INSURANCE FUND</u></p> | <p>1b Three-digit plan number (PN) ▶ <u>503</u></p> |
| <p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES, ELECTRICAL WORKERS INSURANCE FUND</u></p> <p><u>P O BOX 71337</u> <u>MADISON HEIGHTS, MI 48071</u></p> | <p>1c Effective date of plan <u>04/05/1951</u></p> <p>2b Employer Identification Number (EIN) <u>38-1393235</u></p> <p>2c Plan Sponsor's telephone number <u>586-575-9200</u></p> <p>2d Business code (see instructions) <u>238210</u></p> |

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|------------------|---|------------|--|
| SIGN HERE | Filed with authorized/valid electronic signature. | 07/14/2025 | E. CRAIG YOUNG |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | | | |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

| | | |
|--|--|------|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 5721 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6a(1) | 3776 |
| | 6a(2) | 3852 |
| | 6b | 1996 |
| | 6c | 2 |
| | 6d | 5850 |
| | 6e | |
| | 6f | |
| | 6g(1) | |
| 6g(2) | | |
| 6h | | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)..... | 7 | 208 |

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B 4D 4E 4F 4U 4L

| | |
|---|---|
| 9a Plan funding arrangement (check all that apply) | 9b Plan benefit arrangement (check all that apply) |
| (1) <input type="checkbox"/> Insurance | (1) <input checked="" type="checkbox"/> Insurance |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| (3) <input checked="" type="checkbox"/> Trust | (3) <input checked="" type="checkbox"/> Trust |
| (4) <input type="checkbox"/> General assets of the sponsor | (4) <input type="checkbox"/> General assets of the sponsor |

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

| | |
|--|---|
| a Pension Schedules | b General Schedules |
| (1) <input type="checkbox"/> R (Retirement Plan Information) | (1) <input checked="" type="checkbox"/> H (Financial Information) |
| (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2) <input type="checkbox"/> I (Financial Information – Small Plan) |
| (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | (3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>6</u> |
| (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ | (4) <input checked="" type="checkbox"/> C (Service Provider Information) |
| (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information) | (5) <input type="checkbox"/> D (DFE/Participating Plan Information) |
| | (6) <input type="checkbox"/> G (Financial Transaction Schedules) |

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

| | | |
|--|--|--|
| A Name of plan ELECTRICAL WORKERS' INSURANCE FUND | | B Three-digit plan number (PN) ▶ 503 |
| C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, ELECTRICAL WORKERS INSURANCE FUND | | D Employer Identification Number (EIN) 38-1393235 |

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

HCC LIFE INSURANCE CO

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|-------------------|----------------------|--|--|--------------------------------|-------------------|
| | | | | (f) From | (g) To |
| 35-1817054 | | HCL34502 | 4139 | 01/01/2024 | 12/31/2024 |

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

| | |
|---|--------------------------------------|
| (a) Total amount of commissions paid 34621 | (b) Total amount of fees paid |
|---|--------------------------------------|

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

TIMBERLAND GROUP SERVICES

**1707 W BIG BEAVER RD
TROY, MI 48084**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|--|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| 34621 | | | 3 |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|--|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

| | |
|----------------|--|
| Part II | Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report. |
|----------------|--|

| | | |
|--|----------|--|
| 4 Current value of plan's interest under this contract in the general account at year end | 4 | |
| 5 Current value of plan's interest under this contract in separate accounts at year end..... | 5 | |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

| | | |
|--|-----------|--|
| b Premiums paid to carrier | 6b | |
| c Premiums due but unpaid at the end of the year..... | 6c | |
| d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d | |

e Type of contract: (1) individual policies (2) group deferred annuity
(3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
(3) guaranteed investment (4) other ▶

| | | |
|---|----------------------------|--------------|
| b Balance at the end of the previous year | 7b | |
| c Additions: (1) Contributions deposited during the year | 7c(1) | |
| | 7c(2) | |
| | 7c(3) | |
| | 7c(4) | |
| | 7c(5) | |
| (6) Total additions | 7c(6) | |
| d Total of balance and additions (add lines 7b and 7c(6)) | 7d | |
| e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | |
| | 7e(2) | |
| | 7e(3) | |
| | 7e(4) | |
| | (5) Total deductions | 7e(5) |
| f Balance at the end of the current year (subtract line 7e(5) from line 7d) | 7f | 0 |

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

| | | | |
|----------|--|-----------------|-----------------|
| a | Premiums: (1) Amount received | 9a(1) | |
| | (2) Increase (decrease) in amount due but unpaid..... | 9a(2) | |
| | (3) Increase (decrease) in unearned premium reserve | 9a(3) | |
| | (4) Earned ((1) + (2) - (3))..... | | 9a(4) |
| b | Benefit charges (1) Claims paid..... | 9b(1) | |
| | (2) Increase (decrease) in claim reserves | 9b(2) | |
| | (3) Incurred claims (add (1) and (2))..... | | 9b(3) |
| | (4) Claims charged | | 9b(4) |
| c | Remainder of premium: (1) Retention charges (on an accrual basis) -- | | |
| | (A) Commissions | 9c(1)(A) | |
| | (B) Administrative service or other fees | 9c(1)(B) | |
| | (C) Other specific acquisition costs | 9c(1)(C) | |
| | (D) Other expenses | 9c(1)(D) | |
| | (E) Taxes | 9c(1)(E) | |
| | (F) Charges for risks or other contingencies..... | 9c(1)(F) | |
| | (G) Other retention charges | 9c(1)(G) | |
| | (H) Total retention | | 9c(1)(H) |
| | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) | | 9c(2) |
| d | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | 9d(1) |
| | (2) Claim reserves | | 9d(2) |
| | (3) Other reserves..... | | 9d(3) |
| e | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) | | 9e |

10 Nonexperience-rated contracts:

| | | | |
|----------|--|------------|--------|
| a | Total premiums or subscription charges paid to carrier | 10a | 424871 |
| b | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount | 10b | |

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

| | |
|--|--|
| A Name of plan ELECTRICAL WORKERS' INSURANCE FUND | B Three-digit plan number (PN) ▶ 503 |
| C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, ELECTRICAL WORKERS INSURANCE FUND | D Employer Identification Number (EIN) 38-1393235 |

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

METROPOLITAN LIFE INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|-------------------|----------------------|--|--|--------------------------------|-------------------|
| | | | | (f) From | (g) To |
| 13-5581829 | 65978 | 0162408 | | 10/01/2023 | 09/30/2024 |

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

| | |
|--|--------------------------------------|
| (a) Total amount of commissions paid 8896 | (b) Total amount of fees paid |
|--|--------------------------------------|

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

TIMBERLAND GROUP SERVICES INC

**1707 W BIG BEAVER RD
TROY, MI 48084**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|--|---|------------------------------|
| | (c) Amount | (d) Purpose | |
| 6843 | | AGENT OR BROKER OF RECORD LIFE AND A.D & D | 3 |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

JAMES R NELLIGAN & ASSOCIATES LLC

**1060 BROADWAY STE 400
ALBANY, NY 12204**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|--|---|------------------------------|
| | (c) Amount | (d) Purpose | |
| 2053 | | AGENT OR BROKER OF RECORD LIFE AND A D & D | 3 |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

| | |
|----------------|--|
| Part II | Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report. |
|----------------|--|

| | | |
|--|----------|--|
| 4 Current value of plan's interest under this contract in the general account at year end | 4 | |
| 5 Current value of plan's interest under this contract in separate accounts at year end..... | 5 | |

6 Contracts With Allocated Funds:

| | | |
|--|-----------|--|
| a State the basis of premium rates ▶ | | |
| b Premiums paid to carrier | 6b | |
| c Premiums due but unpaid at the end of the year..... | 6c | |
| d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d | |
| e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ | | |
| f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/> | | |

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

| | | |
|--|--------------|---|
| a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶ | | |
| b Balance at the end of the previous year | 7b | |
| c Additions: (1) Contributions deposited during the year | 7c(1) | |
| | 7c(2) | |
| | 7c(3) | |
| | 7c(4) | |
| | 7c(5) | |
| | 7c(6) | |
| (6) Total additions | 7c(6) | |
| d Total of balance and additions (add lines 7b and 7c(6)) | 7d | |
| e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | |
| | 7e(2) | |
| | 7e(3) | |
| | 7e(4) | |
| | 7e(5) | |
| (5) Total deductions | 7e(5) | |
| f Balance at the end of the current year (subtract line 7e(5) from line 7d) | 7f | 0 |

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

- 8** Benefit and contract type (check all applicable boxes)
- | | | | |
|--|--|---|---|
| a <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input checked="" type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input checked="" type="checkbox"/> Other (specify) ▶ ACCIDENTAL DEATH & DISMEMBERMENT | | | |

9 Experience-rated contracts:

| | | |
|---|-----------------|-----------------|
| a Premiums: (1) Amount received | 9a(1) | |
| (2) Increase (decrease) in amount due but unpaid..... | 9a(2) | |
| (3) Increase (decrease) in unearned premium reserve | 9a(3) | |
| (4) Earned ((1) + (2) - (3))..... | | 9a(4) |
| b Benefit charges (1) Claims paid..... | 9b(1) | |
| (2) Increase (decrease) in claim reserves | 9b(2) | |
| (3) Incurred claims (add (1) and (2))..... | | 9b(3) |
| (4) Claims charged | | 9b(4) |
| c Remainder of premium: (1) Retention charges (on an accrual basis) -- | | |
| (A) Commissions | 9c(1)(A) | |
| (B) Administrative service or other fees | 9c(1)(B) | |
| (C) Other specific acquisition costs | 9c(1)(C) | |
| (D) Other expenses | 9c(1)(D) | |
| (E) Taxes | 9c(1)(E) | |
| (F) Charges for risks or other contingencies..... | 9c(1)(F) | |
| (G) Other retention charges | 9c(1)(G) | |
| (H) Total retention | | 9c(1)(H) |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... | | 9c(2) |
| d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | 9d(1) |
| (2) Claim reserves | | 9d(2) |
| (3) Other reserves..... | | 9d(3) |
| e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) | | 9e |
| 10 Nonexperience-rated contracts: | | |
| a Total premiums or subscription charges paid to carrier..... | | 10a |
| b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount | | 10b |

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

| | |
|--|--|
| A Name of plan ELECTRICAL WORKERS' INSURANCE FUND | B Three-digit plan number (PN) ▶ 503 |
| C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, ELECTRICAL WORKERS INSURANCE FUND | D Employer Identification Number (EIN) 38-1393235 |

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

UNITED AMERICAN

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|-------------------|----------------------|--|--|--------------------------------|-------------------|
| | | | | (f) From | (g) To |
| 73-1128555 | | | 2546 | | 12/31/2023 |

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

| | |
|---|--------------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|--------------------------------------|

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|--|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|--|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

| | |
|----------------|--|
| Part II | Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report. |
|----------------|--|

| | | |
|--|----------|--|
| 4 Current value of plan's interest under this contract in the general account at year end | 4 | |
| 5 Current value of plan's interest under this contract in separate accounts at year end..... | 5 | |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

| | | |
|--|-----------|--|
| b Premiums paid to carrier | 6b | |
| c Premiums due but unpaid at the end of the year..... | 6c | |
| d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d | |

e Type of contract: (1) individual policies (2) group deferred annuity
(3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
(3) guaranteed investment (4) other ▶

| | | |
|---|----------------------------|--------------|
| b Balance at the end of the previous year | 7b | |
| c Additions: (1) Contributions deposited during the year | 7c(1) | |
| | 7c(2) | |
| | 7c(3) | |
| | 7c(4) | |
| | 7c(5) | |
| (6) Total additions | 7c(6) | |
| d Total of balance and additions (add lines 7b and 7c(6)) | 7d | |
| e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | |
| | 7e(2) | |
| | 7e(3) | |
| | 7e(4) | |
| | (5) Total deductions | 7e(5) |
| f Balance at the end of the current year (subtract line 7e(5) from line 7d) | 7f | 0 |

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

| | | | |
|----------|--|-----------------|-----------------|
| a | Premiums: (1) Amount received | 9a(1) | |
| | (2) Increase (decrease) in amount due but unpaid..... | 9a(2) | |
| | (3) Increase (decrease) in unearned premium reserve | 9a(3) | |
| | (4) Earned ((1) + (2) - (3))..... | | 9a(4) |
| b | Benefit charges (1) Claims paid..... | 9b(1) | |
| | (2) Increase (decrease) in claim reserves | 9b(2) | |
| | (3) Incurred claims (add (1) and (2))..... | | 9b(3) |
| | (4) Claims charged | | 9b(4) |
| c | Remainder of premium: (1) Retention charges (on an accrual basis) -- | | |
| | (A) Commissions | 9c(1)(A) | |
| | (B) Administrative service or other fees | 9c(1)(B) | |
| | (C) Other specific acquisition costs | 9c(1)(C) | |
| | (D) Other expenses | 9c(1)(D) | |
| | (E) Taxes | 9c(1)(E) | |
| | (F) Charges for risks or other contingencies..... | 9c(1)(F) | |
| | (G) Other retention charges | 9c(1)(G) | |
| | (H) Total retention | | 9c(1)(H) |
| | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) | | 9c(2) |
| d | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | 9d(1) |
| | (2) Claim reserves | | 9d(2) |
| | (3) Other reserves..... | | 9d(3) |
| e | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) | | 9e |

10 Nonexperience-rated contracts:

| | | | |
|----------|--|------------|--------|
| a | Total premiums or subscription charges paid to carrier | 10a | 987740 |
| b | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount | 10b | |

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

| | | |
|--|--|--|
| A Name of plan ELECTRICAL WORKERS' INSURANCE FUND | | B Three-digit plan number (PN) ▶ 503 |
| C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, ELECTRICAL WORKERS INSURANCE FUND | | D Employer Identification Number (EIN) 38-1393235 |

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

HUMANA

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|-------------------|----------------------|--|--|--------------------------------|-------------------|
| | | | | (f) From | (g) To |
| 39-1263473 | | | 2612 | | 12/31/2023 |

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

| | |
|--|--------------------------------------|
| (a) Total amount of commissions paid 508800 | (b) Total amount of fees paid |
|--|--------------------------------------|

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

PROFESSIONAL BENEFIT SERVICES INC. **5300 PATTERSON SE, 150 GRAND RAPIDS, MI 49512**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|--|---|------------------------------|
| | (c) Amount | (d) Purpose | |
| 508800 | | HEALTH OTHER THAN DENTAL OR VISION | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|--|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

| | |
|----------------|--|
| Part II | Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report. |
|----------------|--|

| | | |
|--|----------|--|
| 4 Current value of plan's interest under this contract in the general account at year end | 4 | |
| 5 Current value of plan's interest under this contract in separate accounts at year end..... | 5 | |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

| | | |
|--|-----------|--|
| b Premiums paid to carrier | 6b | |
| c Premiums due but unpaid at the end of the year..... | 6c | |
| d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d | |

e Type of contract: (1) individual policies (2) group deferred annuity
(3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
(3) guaranteed investment (4) other ▶

| | | |
|---|----------------------------|--------------|
| b Balance at the end of the previous year | 7b | |
| c Additions: (1) Contributions deposited during the year | 7c(1) | |
| | 7c(2) | |
| | 7c(3) | |
| | 7c(4) | |
| | 7c(5) | |
| (6) Total additions | 7c(6) | |
| d Total of balance and additions (add lines 7b and 7c(6)) | 7d | |
| e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | |
| | 7e(2) | |
| | 7e(3) | |
| | 7e(4) | |
| | (5) Total deductions | 7e(5) |
| f Balance at the end of the current year (subtract line 7e(5) from line 7d) | 7f | 0 |

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

| | | | |
|----------|--|-----------------|-----------------|
| a | Premiums: (1) Amount received | 9a(1) | |
| | (2) Increase (decrease) in amount due but unpaid..... | 9a(2) | |
| | (3) Increase (decrease) in unearned premium reserve | 9a(3) | |
| | (4) Earned ((1) + (2) - (3))..... | | 9a(4) |
| b | Benefit charges (1) Claims paid..... | 9b(1) | |
| | (2) Increase (decrease) in claim reserves | 9b(2) | |
| | (3) Incurred claims (add (1) and (2))..... | | 9b(3) |
| | (4) Claims charged | | 9b(4) |
| c | Remainder of premium: (1) Retention charges (on an accrual basis) -- | | |
| | (A) Commissions | 9c(1)(A) | |
| | (B) Administrative service or other fees | 9c(1)(B) | |
| | (C) Other specific acquisition costs | 9c(1)(C) | |
| | (D) Other expenses | 9c(1)(D) | |
| | (E) Taxes | 9c(1)(E) | |
| | (F) Charges for risks or other contingencies..... | 9c(1)(F) | |
| | (G) Other retention charges | 9c(1)(G) | |
| | (H) Total retention | | 9c(1)(H) |
| | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) | | 9c(2) |
| d | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | 9d(1) |
| | (2) Claim reserves | | 9d(2) |
| | (3) Other reserves..... | | 9d(3) |
| e | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) | | 9e |

10 Nonexperience-rated contracts:

| | | | |
|----------|--|------------|--------|
| a | Total premiums or subscription charges paid to carrier | 10a | 318360 |
| b | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount | 10b | |

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

| | |
|--|--|
| A Name of plan ELECTRICAL WORKERS' INSURANCE FUND | B Three-digit plan number (PN) ▶ 503 |
| C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, ELECTRICAL WORKERS INSURANCE FUND | D Employer Identification Number (EIN) 38-1393235 |

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|-------------------|----------------------|--|--|--------------------------------|-------------------|
| | | | | (f) From | (g) To |
| 13-5123390 | 64246 | 00063187 | 5480 | 10/01/2023 | 09/30/2024 |

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

| | |
|---|--------------------------------------|
| (a) Total amount of commissions paid 65064 | (b) Total amount of fees paid |
|---|--------------------------------------|

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
TIMBERLAND GRP SERVICES **1707 W BIG BEAVER ROAD**
TROY, MI 48084

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|--|------------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| 48798 | | A,D &D LIFE | 3 |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
JAMES R NELLIGAN & ASSOCIATES **1060 BROADWAY, 400**
ALBANY, NY 12204

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|--|--------------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| 9540 | | A,D & D, LIFE | 3 |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

ACCRETIVE ENROLLMENT SERVICES

27064 OAKMEAD
PERRYSBURG, OH 43551

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|----------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 6726 | | A, D & D, LIFE | 3 |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

| | |
|----------------|--|
| Part II | Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report. |
|----------------|--|

| | | |
|--|----------|--|
| 4 Current value of plan's interest under this contract in the general account at year end | 4 | |
| 5 Current value of plan's interest under this contract in separate accounts at year end..... | 5 | |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

| | | |
|--|-----------|--|
| b Premiums paid to carrier | 6b | |
| c Premiums due but unpaid at the end of the year..... | 6c | |
| d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d | |

e Type of contract: (1) individual policies (2) group deferred annuity
(3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
(3) guaranteed investment (4) other ▶

| | | |
|---|----------------------------|--------------|
| b Balance at the end of the previous year | 7b | |
| c Additions: (1) Contributions deposited during the year | 7c(1) | |
| | 7c(2) | |
| | 7c(3) | |
| | 7c(4) | |
| | 7c(5) | |
| (6) Total additions | 7c(6) | |
| d Total of balance and additions (add lines 7b and 7c(6)) | 7d | |
| e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | |
| | 7e(2) | |
| | 7e(3) | |
| | 7e(4) | |
| | (5) Total deductions | 7e(5) |
| f Balance at the end of the current year (subtract line 7e(5) from line 7d) | 7f | 0 |

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶ **A D & D**

9 Experience-rated contracts:

| | | | |
|----------|--|-----------------|--|
| a | Premiums: (1) Amount received | 9a(1) | |
| | (2) Increase (decrease) in amount due but unpaid..... | 9a(2) | |
| | (3) Increase (decrease) in unearned premium reserve | 9a(3) | |
| | (4) Earned ((1) + (2) - (3))..... | 9a(4) | |
| b | Benefit charges (1) Claims paid..... | 9b(1) | |
| | (2) Increase (decrease) in claim reserves | 9b(2) | |
| | (3) Incurred claims (add (1) and (2))..... | 9b(3) | |
| | (4) Claims charged | 9b(4) | |
| c | Remainder of premium: (1) Retention charges (on an accrual basis) -- | | |
| | (A) Commissions | 9c(1)(A) | |
| | (B) Administrative service or other fees | 9c(1)(B) | |
| | (C) Other specific acquisition costs | 9c(1)(C) | |
| | (D) Other expenses | 9c(1)(D) | |
| | (E) Taxes | 9c(1)(E) | |
| | (F) Charges for risks or other contingencies..... | 9c(1)(F) | |
| | (G) Other retention charges | 9c(1)(G) | |
| | (H) Total retention | 9c(1)(H) | |
| | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) | 9c(2) | |
| d | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | 9d(1) | |
| | (2) Claim reserves | 9d(2) | |
| | (3) Other reserves..... | 9d(3) | |
| e | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) | 9e | |

10 Nonexperience-rated contracts:

| | | | |
|----------|--|------------|--------|
| a | Total premiums or subscription charges paid to carrier | 10a | 325318 |
| b | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount | 10b | |

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

| | |
|--|--|
| A Name of plan ELECTRICAL WORKERS' INSURANCE FUND | B Three-digit plan number (PN) ▶ 503 |
| C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, ELECTRICAL WORKERS INSURANCE FUND | D Employer Identification Number (EIN) 38-1393235 |

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|-------------------|----------------------|--|--|--------------------------------|-------------------|
| | | | | (f) From | (g) To |
| 13-5123390 | 64246 | 00052597 | 28 | 10/01/2023 | 09/30/2024 |

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

| | |
|---|--|
| (a) Total amount of commissions paid 83357 | (b) Total amount of fees paid 10242 |
|---|--|

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

TIMBERLAND GRP SERVICES

**1707 W BIG BEAVER ROAD
TROY, MI 48084**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|--|--|------------------------------|
| | (c) Amount | (d) Purpose | |
| 58934 | 10242 | A,D &D, LIFE & ACCIDENT | 3 |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

ACCRETIVE ENROLLMENT SERVICES

**27064 OAKMEAD
PERRYSBURG, OH 43551**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|--|--|------------------------------|
| | (c) Amount | (d) Purpose | |
| 16197 | | A, D & D, LIFE & ACCIDENT | 3 |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule A (Form 5500) 2023
v. 230707

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

JAMES R NELLIGAN & ASSOCIATES

1060 BROADWAY, 400
ALBANY, NY 12204

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|----------------------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 8226 | | A,D & D, LIFE AND ACCIDENT | 3 |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

| | |
|----------------|--|
| Part II | Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report. |
|----------------|--|

| | | |
|--|----------|--|
| 4 Current value of plan's interest under this contract in the general account at year end | 4 | |
| 5 Current value of plan's interest under this contract in separate accounts at year end..... | 5 | |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

| | | |
|--|-----------|--|
| b Premiums paid to carrier | 6b | |
| c Premiums due but unpaid at the end of the year..... | 6c | |
| d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d | |

e Type of contract: (1) individual policies (2) group deferred annuity
(3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
(3) guaranteed investment (4) other ▶

| | | |
|---|---------------------------|--------------|
| b Balance at the end of the previous year | 7b | |
| c Additions: (1) Contributions deposited during the year | 7c(1) | |
| | 7c(2) | |
| | 7c(3) | |
| | 7c(4) | |
| | 7c(5) | |
| (6) Total additions..... | 7c(6) | |
| d Total of balance and additions (add lines 7b and 7c(6)) | 7d | |
| e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | |
| | 7e(2) | |
| | 7e(3) | |
| | 7e(4) | |
| | (5) Total deductions..... | 7e(5) |
| f Balance at the end of the current year (subtract line 7e(5) from line 7d) | 7f | 0 |

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶ **A, D & D**

9 Experience-rated contracts:

| | | | |
|----------|---|-----------------|-----------------|
| a | Premiums: (1) Amount received | 9a(1) | |
| | (2) Increase (decrease) in amount due but unpaid..... | 9a(2) | |
| | (3) Increase (decrease) in unearned premium reserve | 9a(3) | |
| | (4) Earned ((1) + (2) - (3))..... | | 9a(4) |
| b | Benefit charges (1) Claims paid..... | 9b(1) | |
| | (2) Increase (decrease) in claim reserves | 9b(2) | |
| | (3) Incurred claims (add (1) and (2))..... | | 9b(3) |
| | (4) Claims charged | | 9b(4) |
| c | Remainder of premium: (1) Retention charges (on an accrual basis) -- | | |
| | (A) Commissions | 9c(1)(A) | |
| | (B) Administrative service or other fees | 9c(1)(B) | |
| | (C) Other specific acquisition costs | 9c(1)(C) | |
| | (D) Other expenses | 9c(1)(D) | |
| | (E) Taxes | 9c(1)(E) | |
| | (F) Charges for risks or other contingencies..... | 9c(1)(F) | |
| | (G) Other retention charges | 9c(1)(G) | |
| | (H) Total retention | | 9c(1)(H) |
| | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... | | 9c(2) |
| d | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | 9d(1) |
| | (2) Claim reserves | | 9d(2) |
| | (3) Other reserves..... | | 9d(3) |
| e | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) | | 9e |

10 Nonexperience-rated contracts:

| | | | |
|----------|--|------------|--------|
| a | Total premiums or subscription charges paid to carrier | 10a | 404261 |
| b | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount | 10b | |

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

| | | |
|--|--|---|
| SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection. |
|--|--|---|

For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

| | | |
|--|--|------------|
| A Name of plan ELECTRICAL WORKERS' INSURANCE FUND | B Three-digit plan number (PN) ▶ | 503 |
| C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, ELECTRICAL WORKERS INSURANCE FUND | D Employer Identification Number (EIN) 38-1393235 | |

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VANGUARD **100 VANGUARD BLVD**
MALVERN, PA 19355

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

ENTRUST CAPITAL **375 PARK AVE, 24TH FL**
NEW YORK, NY 10152

13-4075262

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

BAIRD FUNDS **P O BOX 0672**
77 EAST WISCONSIN AVE
MILWAUKEE, WI 53202

38-6246264

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FIDELITY **7011 FAYETTEVILLE RD, 110**
DURHAM, NC 27713

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

PROFESSIONAL BENEFIT SERVICES INC

5300 PATTERSON SE, 150
GRAND RAPIDS, MI 49512

38-3036973

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 12 13 50 99 | CONTROLLED ENTITY | 5329951 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

(a) Enter name and EIN or address (see instructions)

DELTA DENTAL OF MICHIGAN

P O BOX 9089
FARMINGTON HILLS, MI 48333

38-1791480

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 12 13 50 | NONE | 210237 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(a) Enter name and EIN or address (see instructions)

PNC BANK INSTITUTIONAL INVESTMENTS

2 PNC PLAZA, 620 LIBERTY
PITTSBURGH, PA 15222

25-1211909

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 19 28 50 62 68 99 | NONE | 153810 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

UNITED CLAIMS SOLUTIONS/VALENZ FEES

P O BOX 123819
DALLAS, TX 75312

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 12 | NONE | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 801564 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

(a) Enter name and EIN or address (see instructions)

MICHELE DAVIS

P O BOX 71337
MADISON HEIGHTS, MI 48071

38-1393235

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 50 | EMPLOYEE (WAGES PAID) | 116315 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(a) Enter name and EIN or address (see instructions)

BENESYS INC

700 TOWER DR, STE 300
TROY, MI 48098

38-2383171

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 15 50 | NONE | 19590 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MCCLAIN SMITH & WENZ, PC

6915 ROCHESTER RD, 100
TROY, MI 48085

38-3382520

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10 50 | AUDITOR OF PARENT ORGANIZ | 47365 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(a) Enter name and EIN or address (see instructions)

E CRAIG YOUNG

P O BOX 71337
MADISON HEIGHTS, MI 48071

38-1393235

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 50 | EMPLOYEE (WAGES PAID) | 103515 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(a) Enter name and EIN or address (see instructions)

HEALTHJOY LLC

215 W SUPERIOR ST, STE 50
CHICAGO, IL 60654

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 38 49 | NONE | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 635600 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MORGAN STANLEY

34901 WOODWARD AVE, 300
BIRMINGHAM, MI 48009

94-1671384

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 27 50 | NONE | 61363 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(a) Enter name and EIN or address (see instructions)

JESSICA CYPRUS

P O BOX 71337
MADISON HEIGHTS, MI 48071

38-1393235

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 50 | EMPLOYEE (WAGES PAID) | 73946 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(a) Enter name and EIN or address (see instructions)

SVS/SPECTERA VISION INC

140 MACOMB PLACE
MT CLEMENS, MI 48043

38-3353735

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 12 13 50 | NONE | 56770 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

UNITED ACTUARIAL SERVICES INC

11590 N MERIDIAN, 610
CARMEL, IN 46032

35-1369500

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 11 50 | NONE | 14750 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(a) Enter name and EIN or address (see instructions)

SEIZERT CAPITAL PARTNERS

185 OAKLAND AVE., 100
BIRMINGHAM, MI 48009

35-3553488

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 28 50 | NONE | 32045 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(a) Enter name and EIN or address (see instructions)

CLARKSTON CAPITAL PARTNERS

91 W LONG LAKE RD
BLOOMFIELD HILLS, MI 48304

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 28 50 | NONE | 62955 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

VISION SERVICE PLAN

P O 742788
LOS ANGELES, CA 90074

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 12 | NONE | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 30576 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

(a) Enter name and EIN or address (see instructions)

AMERICAN GRAPHICS PRINTING CO

34895 GROESBECK
CLINTON TWP, MI 48035

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 36 50 | NONE | 9114 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(a) Enter name and EIN or address (see instructions)

AUXIOM

805 OAKWOOD DR
ROCHESTER, MI 48307

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 15 50 | NONE | 27067 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

EMERGENCY HEALTH INSURANCE MGMT

38-2776173

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 12 13 | NONE | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 479345 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

(a) Enter name and EIN or address (see instructions)

TIMBERLAND

1707 W BIG BEAVER RD
TROY, MI 48083

38-3021352

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 | NONE | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 34621 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

(a) Enter name and EIN or address (see instructions)

AMERICAN HEALTH HOLDING INC

7400 WEST CAMPUS RD F-510
NEW ALBANY, OH 43054

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 12 13 | NONE | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 138480 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

WATKINS, PAWLICK CALATI & PRIFTI PC

1423 E 12 MILE RD
MADISON HEIGHTS, MI 48071

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 29 50 | NONE | 47780 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(a) Enter name and EIN or address (see instructions)

AMBER CRUNK

P O BOX 71337
MADISON HEIGHTS, MI 48071-0337

38-1393235

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 50 | EMPLOYEE (WAGES PAID) | 48584 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(a) Enter name and EIN or address (see instructions)

CHRISTINA POPSO

PO BOX 71337
MADISON HEIGHTS, MI 48071

38-1393235

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 50 | EMPLOYEE (WAGES PAID) | 79375 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

PART D ADVISORS

17199 N LAUREL PARK DR
LIVONIA, MI 48152

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 12 49 50 | NONE | 123676 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(a) Enter name and EIN or address (see instructions)

ULLIANCE INC.

900 TOWER DRIVE
TROY, MI 48083

38-3159338

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 38 | NONE | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 95922 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

(a) Enter name and EIN or address (see instructions)

SWORD HEALTH TECHNOLOGIES

65 E. WADSWORTH PARK DR
DRAPER, UT 84020

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 | NONE | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 162800 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

BENEGRATION

301 GRANT ST., STE 27
PITTSBURGH, PA 15219

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50 | NONE | 38332 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(a) Enter name and EIN or address (see instructions)

ALLIANCE HEALTH & LIFE (HAP)

2850 W GRAND BLVD
DETROIT, MI 48202

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 12 | NONE | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 603300 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

(a) Enter name and EIN or address (see instructions)

SOLXSYS

5600 NEW KING DRIVE
TROY, MI 48083

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 15 50 | NONE | 59375 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

HELLO HEART

545 MIDDLEFIELD RD., 260
MENLO PARK, CA 94025

82-3489727

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 | NONE | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 677964 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

(a) Enter name and EIN or address (see instructions)

MMS ANALYTICS INC (TALON)

99 BOW STREET 100E
PORTSMOUTH, NH 03801

47-1212355

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 38 | NONE | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 89026 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

(a) Enter name and EIN or address (see instructions)

ZENWORK INC

1 EAST CENTER ST. 250
FAYETTEVILLE, AR 72701

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 36 50 | NONE | 15077 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

INCLUDED HEALTH

ONE CALIFORNIA ST. 2300
SAN FRANCISCO, CA 94111

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 38 | NONE | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 151072 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

(a) Enter name and EIN or address (see instructions)

FIRST HEALTH

3200 HIGHLAND AVE.
DOWNERS GROVE, IL 60515

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 38 | NONE | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 6505 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

(a) Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
|---|--|---|
| UNITED CLAIMS SOLUTIONS/VALENZ FEES | 12 | 801654 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| PROFESSIONAL BENEFIT SERVICES 5300 PATTERSON SE, 150 GRAND RAPIDS, MI 49512 38-3036973 | COST CONTAINMENT & CASH FLOW MGMT | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| HEALTHJOY LLC | 38 49 | 635600 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| PROFESSIONAL BENEFIT SERVICES 5300 PATTERSON SE, 150 GRAND RAPIDS, MI 49512 38-3036973 | PARTICIPANT HELP FINDING PROVIDERS | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| VISION SERVICE PLAN | 12 | 30576 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| PROFESSIONAL BENEFIT SERVICES 5300 PATTERSON SE 150 GRAND RAPIDS, MI 48512 38-3036973 | ADMIN FEES | |

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
|---|--|---|
| EMERGENCY HEALTH INSURANCE MGMT | 12 13 | 479345 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| PROFESSIONAL BENEFIT SERVICES 5300 PATTERSON SE, 150 GRAND RAPIDS, MI 49512 38-3036973 | UTILIZATION FEE | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| TIMBERLAND | 49 | 34621 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| PROFESSIONAL BENEFIT SERVICES 5300 PATTERSON SE, 150 GRAND RAPIDS, MI 49512 38-3036973 | PER PARTICIPANT FEE | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| AMERICAN HEALTH HOLDING INC | 12 13 | 138480 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| PROFESSIONAL BENEFIT SERVICES 5300 PATTERSON SE, 150 GRAND RAPIDS, MI 49512 38-3036973 | CASE MGMT | |

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
|--|---|---|
| ULLIANCE INC. | 38 | 95922 |
| (d) Enter name and EIN (address) of source of indirect compensation PROFESSIONAL BENEFIT SERVICES 5300 PATTERSON SE, 150 GRAND RAPIDS, MI 49512 38-3036973 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. EMPLOYEE ASSISTANCE PROGRAM | |
| (a) Enter service provider name as it appears on line 2 SWORD HEALTH TECHNOLOGIES | (b) Service Codes (see instructions) 49 | (c) Enter amount of indirect compensation 162800 |
| (d) Enter name and EIN (address) of source of indirect compensation PROFESSIONAL BENEFIT SERVICES 5300 PATTERSON SE, 150 GRAND RAPIDS, MI 49512 38-3036973 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. PHYSICAL THERAPY SERVICES | |
| (a) Enter service provider name as it appears on line 2 ALLIANCE HEALTH & LIFE (HAP) | (b) Service Codes (see instructions) 12 | (c) Enter amount of indirect compensation 603300 |
| (d) Enter name and EIN (address) of source of indirect compensation PROFESSIONAL BENEFIT SERVICES 5300 PATTERSON SE, 150 GRAND RAPIDS, MI 49512 38-3036973 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. PER PARTICIPANT PER MONTH FEE | |

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
|--|--|---|
| HELLO HEART | 49 | 677964 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| PROFESSIONAL BENEFIT SERVICES 5300 PATTERSON SE, 150 GRAND RAPIDS, MI 49512 38-3036973 | PER PARTICIPANT PER MONTH FEE | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| MMS ANALYTICS INC (TALON) | 38 | 89026 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| PROFESSIONAL BENEFIT SERVICES 5300 PATTERSON SE, 150 GRAND RAPIDS, MI 49512 38-3036973 | HEALTHCARE PRICING & TRANSPARENCY | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| INCLUDED HEALTH | 49 38 | 151072 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| PROFESSIONAL BENEFIT SERVICES 5300 PATTERSON SE, 150 GRAND RAPIDS, MI 49512 38-3036973 | VIRTUAL HEALTHCARE SERVICE | |

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
|--|--|---|
| FIRST HEALTH | 49 38 | 6505 |
| (d) Enter name and EIN (address) of source of indirect compensation PROFESSIONAL BENEFIT SERVICES 5300 PATTERSON SE, 150 GRAND RAPIDS, MI 49512 38-3036973 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. PARTICIPANT ASSISTANCE | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| | | |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| | | |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
| | | |

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
| | | |

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
| | | |

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
| | | |

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
| | | |

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
| | | |

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |

Explanation:

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |

Explanation:

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |

Explanation:

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |

Explanation:

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |

Explanation:

| | | |
|--|--|---|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500. | OMB No. 1210-0110 2023 This Form is Open to Public Inspection |
|--|--|---|

For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

| | | |
|--|--|------------|
| A Name of plan ELECTRICAL WORKERS' INSURANCE FUND | B Three-digit plan number (PN) | 503 |
| C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, ELECTRICAL WORKERS INSURANCE FUND | D Employer Identification Number (EIN) 38-1393235 | |

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| | | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| Assets | | | |
| a Total noninterest-bearing cash | 1a | 350 | 350 |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | 3377800 | 3282962 |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | 995153 | 986215 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 14908515 | 12954721 |
| (2) U.S. Government securities | 1c(2) | 7440114 | 10756018 |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | | |
| (B) All other | 1c(3)(B) | 15347298 | 14190002 |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | | |
| (B) Common | 1c(4)(B) | 11830650 | 14165640 |
| (5) Partnership/joint venture interests | 1c(5) | 3713378 | 3989816 |
| (6) Real estate (other than employer real property) | 1c(6) | | |
| (7) Loans (other than to participants) | 1c(7) | | |
| (8) Participant loans | 1c(8) | | |
| (9) Value of interest in common/collective trusts | 1c(9) | | |
| (10) Value of interest in pooled separate accounts | 1c(10) | | |
| (11) Value of interest in master trust investment accounts | 1c(11) | | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 59596902 | 69890649 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| (15) Other | 1c(15) | | |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|---|--------------|------------------------------|------------------------|
| (1) Employer securities | 1d(1) | | |
| (2) Employer real property | 1d(2) | | |
| e Buildings and other property used in plan operation | 1e | 1966 | 1422 |
| f Total assets (add all amounts in lines 1a through 1e) | 1f | 117212126 | 130217795 |
| Liabilities | | | |
| g Benefit claims payable | 1g | 759020 | 1016084 |
| h Operating payables | 1h | 667780 | 377659 |
| i Acquisition indebtedness | 1i | | |
| j Other liabilities | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j) | 1k | 1426800 | 1393743 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f) | 1l | 115785326 | 128824052 |

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| Income | | (a) Amount | (b) Total |
|--|-----------------|-------------------|------------------|
| a Contributions: | | | |
| (1) Received or receivable in cash from: (A) Employers | 2a(1)(A) | 68500500 | |
| (B) Participants | 2a(1)(B) | 6133203 | |
| (C) Others (including rollovers) | 2a(1)(C) | | |
| (2) Noncash contributions | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 74633703 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 670658 | |
| (B) U.S. Government securities | 2b(1)(B) | 293299 | |
| (C) Corporate debt instruments | 2b(1)(C) | 514479 | |
| (D) Loans (other than to participants) | 2b(1)(D) | | |
| (E) Participant loans | 2b(1)(E) | | |
| (F) Other | 2b(1)(F) | 10776 | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 1489212 |
| (2) Dividends: | | | |
| (A) Preferred stock | 2b(2)(A) | | |
| (B) Common stock | 2b(2)(B) | 450512 | |
| (C) Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 2539977 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 2990489 |
| (3) Rents | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds | 2b(4)(A) | 18376137 | |
| (B) Aggregate carrying amount (see instructions) | 2b(4)(B) | 18707880 | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result | 2b(4)(C) | | -331743 |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate | 2b(5)(A) | | |
| (B) Other | 2b(5)(B) | 11898881 | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts..... | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts..... | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts..... | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities..... | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| c Other income | 2c | | 1620600 |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 92301142 |

Expenses

| | | | |
|---|---------------|----------|----------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 712721 | |
| (2) To insurance carriers for the provision of benefits..... | 2e(2) | 1588332 | |
| (3) Other..... | 2e(3) | 75394682 | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 77695735 |
| f Corrective distributions (see instructions)..... | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances..... | 2i(1) | 500045 | |
| (2) Contract administrator fees..... | 2i(2) | | |
| (3) Recordkeeping fees..... | 2i(3) | | |
| (4) IQPA audit fees..... | 2i(4) | 45536 | |
| (5) Investment advisory and investment management fees | 2i(5) | 156363 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 120528 | |
| (7) Actuarial fees | 2i(7) | 14750 | |
| (8) Legal fees | 2i(8) | 50495 | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | 678964 | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 1566681 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 79262416 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 13038726 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **MCCLAIN SMITH & WENZ PC**

(2) EIN: **38-3382520**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

| | Yes | No | Amount |
|---|-----|----|---------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | | X | |
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)..... | | X | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)..... | | X | |
| e Was this plan covered by a fidelity bond?..... | X | | 500000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | X | | 3989816 |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?..... | | X | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)..... | X | | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)..... | X | | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)..... | | X | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | | | |

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|------------------------------|---------------------|--------------------|
| | | |
| | | |
| | | |
| | | |

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

ELECTRICAL WORKERS' INSURANCE FUND
WARREN, MICHIGAN

FINANCIAL STATEMENTS
AND
SUPPLEMENTARY INFORMATION

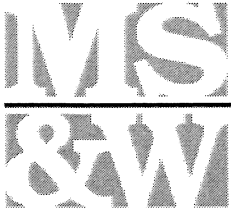
FOR THE YEARS ENDED
SEPTEMBER 30, 2024 AND 2023

ELECTRICAL WORKERS' INSURANCE FUND

WARREN, MICHIGAN

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McClain, Smith & Wenz, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

James T. Welch, CPA
Bryan L. Wright, CPA

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
Electrical Workers' Insurance Fund

Opinion

We have audited the accompanying financial statements of the Electrical Workers' Insurance Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of plan's benefit obligations as of September 30, 2024 and 2023, and the related statements of changes in net assets available for benefits, and of changes in plan's benefit obligations for the years ended September 30, 2024 and 2023 and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Electrical Workers' Insurance Fund as of September 30, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Electrical Workers' Insurance Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Electrical Workers' Insurance Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute

assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Electrical Workers' Insurance Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Electrical Workers' Insurance Fund's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investment at end of year, September 30, 2024, and of reportable transactions for the year then ended, (transactions in excess of 5 percent of the current value of plan assets at the beginning of the year) are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

McClain, Smith & Wenz, P.C.

April 2, 2025

ELECTRICAL WORKERS' INSURANCE FUND
STATEMENTS OF NET ASSETS
AVAILABLE FOR BENEFITS
SEPTEMBER 30, 2024 AND 2023

| | 2024 | 2023 |
|---|----------------|----------------|
| ASSETS | | |
| Investments, at fair value: | | |
| U.S. government securities | \$ 10,756,018 | \$ 7,440,114 |
| Corporate bonds and bond mutual funds | 61,696,002 | 57,998,973 |
| Common stocks and equity mutual funds | 36,550,290 | 28,775,878 |
| Private equity | 3,748,536 | 3,391,764 |
| Hedge funds | 241,280 | 321,614 |
| Money market and interest bearing cash | 12,954,721 | 14,908,515 |
| Total investments | 125,946,847 | 112,836,858 |
| Receivables: | | |
| Employers' contributions | 3,282,962 | 3,377,800 |
| Accrued investment income and other | 986,215 | 995,153 |
| Total receivables | 4,269,177 | 4,372,953 |
| Other assets | 1,771 | 2,315 |
| Total assets | 130,217,795 | 117,212,126 |
| LIABILITIES AND NET ASSETS | | |
| Liabilities: | | |
| Accounts payable | 156,989 | 351,673 |
| Reciprocity transfers | 220,670 | 316,107 |
| Total liabilities | 377,659 | 667,780 |
| Net assets available for benefits | \$ 129,840,136 | \$ 116,544,346 |
| Net assets - designated reserve for: | | |
| Health costs/premium liability - S & C | \$ 29,430,000 | \$ 26,704,000 |
| Health costs/premium liability - Inside | 127,584,000 | 121,542,000 |
| Less: Health reimbursement accounts | (37,661,688) | (35,173,871) |
| Administrative expenses | 2,293,000 | 2,472,000 |
| Total reserves | 121,645,312 | 115,544,129 |
| Net assets - undesignated | 8,194,824 | 1,000,217 |
| Net assets available for benefits | \$ 129,840,136 | \$ 116,544,346 |

See accompanying notes.

ELECTRICAL WORKERS' INSURANCE FUND
STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED SEPTEMBER 30, 2024 AND 2023

| | 2024 | % | 2023 | % |
|--|----------------|-------|----------------|-------|
| Additions to net assets attributed to: | | | | |
| Contributions - net: | | | | |
| Employers - Inside | \$ 55,260,671 | 60.1 | \$ 45,161,064 | 61.2 |
| Employers - S & C | 13,239,829 | 14.4 | 12,664,422 | 17.2 |
| Self-paid - Inside and S & C | 6,133,203 | 6.7 | 6,158,953 | 8.4 |
| Part D subsidy and other | 1,620,600 | 1.8 | 1,692,136 | 2.3 |
| | 76,254,303 | 82.9 | 65,676,575 | 89.0 |
| Investment Income: | | | | |
| Net appreciation (depreciation) in fair value of investments | 11,567,138 | 12.6 | 4,203,762 | 5.7 |
| Interest | 1,489,212 | 1.6 | 1,265,117 | 1.7 |
| Dividends | 2,990,490 | 3.2 | 2,895,368 | 3.9 |
| Less: investment expense | (276,895) | (0.3) | (281,074) | (0.4) |
| | 15,769,945 | 17.1 | 8,083,173 | 11.0 |
| Total additions | 92,024,248 | 100.0 | 73,759,748 | 100.0 |
| Deductions from net assets attributed to: | | | | |
| Health claims/premiums - Inside | 44,265,786 | 48.1 | 41,832,116 | 56.7 |
| Health claims/premiums - Retired | 19,723,592 | 21.4 | 17,483,600 | 23.7 |
| Health claims/premiums - S & C | 12,736,572 | 13.8 | 12,135,860 | 16.5 |
| Short-term disability benefits | 712,721 | 0.8 | 685,014 | 0.9 |
| Payroll taxes on disability benefits | 105,727 | 0.1 | 103,776 | 0.1 |
| Affordable Care Act taxes | 37,462 | 0.0 | 34,811 | 0.0 |
| | 77,581,860 | 84.3 | 72,275,177 | 98.0 |
| Administrative expenses | 1,146,598 | 1.2 | 1,236,053 | 1.7 |
| Total deductions | 78,728,458 | 85.6 | 73,511,230 | 99.7 |
| Net increase (decrease) | 13,295,790 | 14.4 | 248,518 | 0.3 |
| Net assets available for benefits: | | | | |
| Beginning of year | 116,544,346 | | 116,295,828 | |
| End of year | \$ 129,840,136 | | \$ 116,544,346 | |

See accompanying notes.

ELECTRICAL WORKERS' INSURANCE FUND
STATEMENTS OF PLAN'S
BENEFIT OBLIGATIONS
SEPTEMBER 30, 2024 AND 2023

| | 2024 | 2023 |
|--|----------------|----------------|
| Amounts currently payable to or for participants, beneficiaries, and dependents | \$ 1,016,084 | \$ 759,020 |
| Total amounts currently payable | 1,016,084 | 759,020 |
| Other obligations for current benefit coverage: | | |
| Claims incurred but not reported | 10,449,308 | 8,691,416 |
| Health reimbursement accounts | 37,661,688 | 35,173,871 |
| Accumulated eligibility credits | 21,119,363 | 17,614,682 |
| Total obligations other than postretirement benefit obligations | 70,246,443 | 62,238,989 |
| Postretirement benefit obligations: | | |
| Current retirees | 209,136,570 | 146,660,922 |
| Active fully eligible | 125,305,842 | 95,514,368 |
| Active not fully eligible | 164,162,545 | 125,301,056 |
| | 498,604,957 | 367,476,346 |
| Plan's total benefit obligations | \$ 568,851,400 | \$ 429,715,335 |

See accompanying notes.

ELECTRICAL WORKERS' INSURANCE FUND
STATEMENTS OF CHANGES IN PLAN'S
BENEFIT OBLIGATIONS
FOR THE YEARS ENDED SEPTEMBER 30, 2024 AND 2023

| | 2024 | 2023 |
|---|----------------|----------------|
| Amounts currently payable to or for participants, beneficiaries, and dependents: | | |
| Balance at beginning of year | \$ 759,020 | \$ 611,266 |
| Claims/premiums reported and approved | 77,695,735 | 72,284,344 |
| Claims/premiums paid | (77,438,671) | (72,136,590) |
| Balance at end of year | 1,016,084 | 759,020 |
| Other obligations for current benefit coverage: | | |
| Balance at beginning of year | 61,479,969 | 56,619,810 |
| Net change during the year: | | |
| Claims incurred but not reported | 1,757,892 | 835,761 |
| Health reimbursement accounts | 2,487,817 | 1,851,063 |
| Accumulated eligibility credits | 3,504,681 | 2,173,335 |
| Balance at end of year | 69,230,359 | 61,479,969 |
| Total obligations other than postretirement benefit obligations | 70,246,443 | 62,238,989 |
| Postretirement benefit obligations: | | |
| Balance at beginning of year | 367,476,346 | 453,991,670 |
| Increase (decrease) during the year attributable to: | | |
| Change due to actuarial assumptions | 68,187,864 | 6,930,771 |
| Change due to estimated net benefits paid | (15,877,691) | (13,630,900) |
| Change due to benefits earned and other charges | 57,688,548 | (103,649,758) |
| Change due to interest | 21,129,890 | 23,834,563 |
| Balance at end of year | 498,604,957 | 367,476,346 |
| Plan's total benefit obligations at end of year | \$ 568,851,400 | \$ 429,715,335 |

See accompanying notes.

ELECTRICAL WORKERS' INSURANCE FUND
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2024 AND 2023

Note A - Plan description

The following description of the Electrical Workers' Insurance Fund (the "Fund") provides only general information. Fund participants should refer to the Summary Plan Description published by the Fund for a more complete description of the Plan's provisions.

General: The Fund was established on April 5, 1951 pursuant to a Trust Agreement entered into between the Southeastern Michigan Chapter, National Electrical Contractors Association, Inc., and the Local Union No. 58, IBEW, for the purpose of providing health and death benefits for the employees of contributing employers. The Fund is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended.

Funding: The Collective Bargaining Agreement currently in effect provides that the employer pay \$9.75 to the Fund for each hour worked by employees covered under the terms of both the Inside Agreement ("Inside") and Sound and Communication Agreement (S & C) for each hour worked by employees covered under terms of the agreements. That increase was effective June 30, 2024. Effective December 31, 2023, the rate was increased to \$9.00 per hour and on July 2, 2023 was raised to \$8.25 from \$8.00. Apprentices working under the Residential Agreement have \$5.00 contributed hourly on their behalf. Residential journeymen have \$8.25 per hour contributed on their behalf effective since September 3, 2024. Participants working under the Market Recovery Agreement have \$7.18 contributed hourly on their behalf. Active participants, who do not meet the active eligibility requirements, are allowed to pay the applicable aforementioned rate per hour on a monthly basis, up to a maximum of 125 hours. Retirees on Medicare who meet eligibility requirements pay at a rate of 45% of the monthly cost.

Benefits: The Fund, through periodic billings paid to Professional Benefits Services, Inc., doing business as "Varipro", Delta Dental Plan of Michigan and others, and insurance premiums paid to Guardian Life Insurance and MetLife, provides health benefits (hospital, surgical, major medical, vision, prescription drug, dental, hearing and an employee assistance program), and death and short-term disability benefits for plan participants who have met minimum eligibility standards on a self-funding basis utilizing an administrative service contract with a third party. The Plan has entered into a stop-loss insurance arrangement in an effort to limit its exposure for self-insured benefits of participants' claims over a specific dollar amount. The Fund does not record stop-loss activity in the financial statements. The Fund provides short-term disability benefits on a self-funded basis, and assumes the responsibility for payment of the employer portion of payroll taxes on those disability benefits. The Fund provides benefits to all active participants who generally have 125 or more monthly hours contributed by their employers. Inactive participants can receive coverage upon payment/credit of 125 hours a month multiplied by the applicable hourly contribution rate. The Fund also insures unemployed participants through the use of an Hours Bank. Participants can accumulate up to 750 hours in the Bank to offset the cost of the 125 hours at the hourly contribution rate. A Health Reimbursement Arrangement (HRA) has also been established for active participants. The HRA credits an amount for each hour contributed on the participant's behalf. The accumulated HRA can be utilized to offset monthly self-payment upon retirement or unemployment.

The Board of Trustees approved coinsurance maximums for In-Network providers for medical benefits at \$1,500 individual / \$3,000 family and Out-of-network providers at \$3,000 individuals / \$6,000 family, with the "true" out-of-pocket maximum for In-Network providers at \$9,100 individual / \$18,200 family and for Out-of-Network providers at \$18,200 individual / \$36,400 family for essential health benefits. Prescription coverage for Medicare retirees is self-insured using Employee Health Insurance Management (EHIM) with a \$200,000 stop-loss provision. As a result of the conversion to self-insuring Medicare prescriptions, the Fund qualified for Medicare Retiree Drug Subsidy of 28% of the allowable retiree costs, as defined by regulation. The Special Extension of Eligibility for the unemployed and the Expansion of Extended Coverage for Travelers was extended for the year beginning October 1, 2024.

The Board of Trustees made the following changes to the Plan during the years presented. The Trustees, at their April 24, 2024 meeting, revised the coverage for weight loss medications to include Body Mass Index requirements, specific medical criteria being met, and other comorbidities, effective as soon as administratively possible. Effective January 1, 2023, in-network coverage provisions that include pre-natal, hospice care, ambulance, bariatric procedures and mammography will be offered in association with providers HAP/Humana.

ELECTRICAL WORKERS' INSURANCE FUND
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2024 AND 2023

Note A - Plan description – (continued)

All retirees on Medicare who meet eligibility requirements pay at a rate of 45% of the monthly cost. All eligible participants would receive \$0.50 per contribution hour added to their HRA accounts, and those who opt out would receive an additional \$2.50 per contribution hour added to their HRA accounts.

Note B - Summary of accounting policies

Basis of accounting and use of estimates: The accompanying financial statements have been prepared using the accrual basis of accounting. The preparation of financial statements in conformity with U. S. generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Employers' contributions receivable: Employers' contributions receivable of \$3,267,000 and \$3,377,800 at September 30, 2024 and 2023, respectively, represent amounts collected during October from contributing employers for hours worked by employees prior to October 1, 2024 and 2023, respectively. Additional contributions receivables of \$15,962 at September 30, 2024 stem from prior unallocated amounts. Management believes all employer contributions are fully collectible and that no allowance for credit losses is necessary.

Payment of Benefits: Insurance premiums and health claims are recorded when paid to third-party providers, and are recorded as health costs/premiums. Short-term disability payments are processed internally and are recorded when paid, and are recorded as short-term disability benefits.

Valuation of investments and income recognition: Investments are valued at fair value as of September 30, 2024 and 2023 using quoted market prices from published sources if available. Corporate bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings. The amounts for investments that have no quoted market price represent estimated fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Other: Certain items in the 2023 financial statements have been reclassified to conform to the presentation shown in the 2024 financial statements.

Note C – Investments

The Fund's quoted-market price investments are held for safekeeping by the trust department of PNC Bank. The Board of Trustees has executed contracts with designated investment managers with authority to act within certain investment policies.

Note D - Risks and uncertainties

The Fund invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the statement of net assets available for benefits.

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would-be material to the financial statements.

ELECTRICAL WORKERS' INSURANCE FUND
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2024 AND 2023

Note E - Postretirement benefit obligations

The Fund's excess of benefit obligations over net assets at September 30, 2024 and 2023 relates to the postretirement benefit obligation. Plan benefits for future years in respect of the Plan's accumulated postretirement benefit obligation (APBO) will be funded by Employer contributions to the Plan in those later years. Health costs incurred by participants and their beneficiaries and dependents are covered by self-funding of the plan.

The Fund received a Medicare drug subsidy of \$1,619,006 during the year ended September 30, 2024 under the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. For the year ended September 30, 2024, the total Medicare prescription drug claims amounted to \$10,069,419, and the effect of the subsidy reduced the APBO by \$75,467,000 in the opinion of the actuary.

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to employee service rendered to September 30th. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with the participating employers. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligation is determined by an independent actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. For measurement purposes, a 7.90% Pre-65, and a 7.90% Post-65 annual rate of increase in the per capita cost of covered health care benefits was assumed for September 30, 2024, and a 7.20% Pre-65 and a 7.20% Post-65 annual rate of increase in the per capita cost of covered health care benefits was assumed for September 30, 2023. These trend rates were assumed to decrease gradually to 4.00% Pre-65 and 4.00% Post-65 in the year 2040. Mortality tables were changed to better reflect the anticipated mortality improvement due to medical advances and lifestyle changes.

The following were other significant assumptions used in the valuation as of September 30, 2024:

- 1.) The average age of retiree for those under age 65 is 60.5 years, and for those over age 65 is 76.2.
- 2.) The assumed percentage of participants electing coverage at retirement remained at 70%
- 3.) The discount rate was changed to 5.00% used in 2024 from 5.75% in 2023.

The health care cost-trend rate assumption has a significant effect on the amounts reported. If the assumed rates increased by one percentage point in each year, that would increase the postretirement obligation as of September 30, 2024 and 2023, by \$85,073,000 and \$55,700,000, respectively. The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligation.

Other plan benefit obligations: Plan obligations at September 30, 2024 and 2023 for claims incurred but not reported, and the value for accumulated eligibility credits, were estimated by management. The Fund uses an "Hours Bank" style eligibility system so that active members can accumulate up to six months of future eligibility credits. The Plan obligation for the HRA is valued using actual hours multiplied by the applicable hourly rate.

There is no provision for funding the postretirement obligation in the current collective bargaining agreement. The calculation of the obligation does not imply that there is any legal liability to provide the benefits valued, nor do the participants have any vested rights in the postretirement benefit. Expected retiree contributions for the years ended September 30, 2024 and 2023 for the next plan year are estimated by the actuary to be \$9,421,000 and \$7,864,000 respectively.

ELECTRICAL WORKERS' INSURANCE FUND
 NOTES TO FINANCIAL STATEMENTS
 SEPTEMBER 30, 2024 AND 2023

Note F - Subsequent events:

Management has evaluated subsequent events through April 2, 2025, the date the financial statements were available to be issued.

Note G- Reconciliation of financial statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 at September 30:

| | <u>2024</u> | <u>2023</u> |
|--|-----------------------|-----------------------|
| Net assets available for benefits per the financial statements | \$ 129,840,136 | \$ 116,544,346 |
| Health care claims payable | <u>(1,016,084)</u> | <u>(759,020)</u> |
| Net assets available for benefits per the Form 5500 | <u>\$ 128,824,052</u> | <u>\$ 115,785,326</u> |

The following is a reconciliation of benefits paid to/on behalf of participants per the financial statements for the year ended September 30, 2024 to Form 5500:

| | | |
|---|--|----------------------|
| Benefits paid to/on behalf of participants per the financial statements | | \$ 77,438,671 |
| Less: health care claims payable at September 30, 2023 | | (759,020) |
| Add: health care claims payable at September 30, 2024 | | <u>1,016,084</u> |
| Total benefits payments per Form 5500 | | <u>\$ 77,695,735</u> |

Note H – Related party and party-in-interest transactions

The costs associated with administrating all the Electrical Workers' Joint Board of Trustees ("EWJBT") benefit funds are allocated among the related funds in what management believes is an equitable manner. The employees of the Electrical Workers' Insurance Fund perform record keeping services, and the Fund is reimbursed by the related funds. The Fund collects all employer contributions on behalf of the EWJBT and distributes them weekly. The Fund also collected administrative service fees from its parental organizations for the years ended September 30, 2024 and 2023. Net amounts due from the EWJBT benefit funds totaled \$179,088 and \$174,886 at September 30, 2024 and 2023, respectively.

The Electrical Workers' Insurance Fund is the sole-member owner of EWIF Benefit Services, LLC (the "LLC"). The LLC purchased all the outstanding common stock of Professional Benefits Services, Inc. (PBS) on July 1, 2014. PBS provides claims processor services to the Fund under an administrative service contract. The Fund pays PBS a fixed rate per claim processed based on customary and reasonable rates for such services. PBS has paid qualified dividends to its sole shareholder for the years ended September 30, 2024 and 2023.

ERISA defines a party-in-interest to include, among others, fiduciaries or employees of the Fund, and any person who provides services to the Fund. Six Board of Trustees members are currently plan participants, as is the Benefits Director, and all other employees of the Electrical Workers' Insurance Fund.

Fees paid by the Fund for legal, accounting, actuarial, computing and other administrative expense services for the years ended September 30, 2024 and 2023 were party-in-interest transactions, which are exempt from prohibited transaction rules.

ELECTRICAL WORKERS' INSURANCE FUND
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2024 AND 2023

Note I - Tax exemption

The Fund is exempt from Federal income tax under Section 501(c)(9) of the Internal Revenue Code, except for net income derived from unrelated business activities. Management believes that they have appropriate support for any tax positions taken, and as such, do not have any uncertain tax positions that are material to the financial statements. The Fund is subject to audit by taxing authorities; however, there are no audits for any tax periods in progress. Management believes it is no longer subject to examination of its Federal Return of Organization Exempt from Income Tax (Form 990) filed for years before September 30, 2021. The latest determination letter is dated May 1, 2003, and management believes the plan continues to qualify and operate as designed.

Note J - Reserves (designated net assets)

In the event of the termination of the Fund, the Trustees have expressed the desire to extend coverage for up to twenty-four months for all participants. The Board of Trustees at their August 17, 2000 meeting approved the designation of net assets for the purpose of extending that coverage. The reserve for health costs/premium liability is computed using the projected monthly costs at October 1 multiplied by twenty-four to arrive at the extended coverage reserve for both the Inside and the S & C Agreements. The Board of Trustees also approved of the designation of net assets for the purpose paying the administrative costs of operating the Fund for twenty-four months in the event of termination. The reserve is computed by multiplying the current year administrative costs by two.

Note K - Fair value measurements

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures* provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical securities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels are described as follows:

Level 1 — The fair values are based on quoted market prices in active markets for identical securities.

Level 2 — Prices determined using other significant observable inputs. Observable inputs that other market participants would use in pricing a security, including quoted prices for similar securities in active markets.

Level 3 — Prices determined using significant unobservable inputs.

Following is a description of the valuation methodologies used for assets at fair value.

Level 1 inputs

Common stocks: Valued at the closing price reported on major stock exchanges.

U.S. government securities: Valued at the closing price reported in the active market in which the individual security is traded.

Mutual funds: Mutual funds are valued at the closing price reported in the active market the mutual fund is traded.

Money market and interest-bearing cash: These investments are considered cash equivalents.

ELECTRICAL WORKERS' INSURANCE FUND
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2024 AND 2023

Note K - Fair value measurements (continued)

Level 2 inputs

Corporate bonds: Corporate bonds are valued at the closing price reported in the active market in which the bond is traded.

Level 3 inputs

Private Equity - EWIF Benefit Services, LLC: Valued at multiples of earnings before interest, taxes, depreciation, and amortization for the years ended September 30, 2024 and 2023, and adjusted for impairment, if any.

Investment measured at net asset value

Hedge funds: Investments in portfolios are carried at fair value. They are determined by measuring estimated fair value of their underlying assets using various methods. Such market value estimates involve subjective judgments, and the actual market price of the investments can only be determined by negotiation between independent third parties of a sales transaction. The hedge funds' objectives are to use varied types of positions in both domestic and international markets with the goal of generating safe returns.

Private equity - Other: This investment is valued at the net asset value of the respective partnership.

The following summary of the inputs as of September 30, 2024 and 2023, presenting investments carried at fair value on a recurring basis, is as follows:

ELECTRICAL WORKERS' INSURANCE FUND
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2024 AND 2023

Note K - Fair value measurements (continued)

The Fund's investments are reported at fair value in the accompanying statement of net assets available for benefits.

| | <u>Fair Value</u> | <u>Fair value Measurements at Reporting Date Using:</u> | | |
|--|----------------------|---|--|--|
| | | <u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u> | <u>Significant Other Observable Inputs (Level 2)</u> | <u>Significant Unobservable Inputs (Level 3)</u> |
| <u>September 30, 2024</u> | | | | |
| U.S. government securities | \$ 10,756,018 | \$ 10,756,018 | \$ - | \$ - |
| Corporate bonds | 14,190,002 | - | 14,190,002 | - |
| Mutual funds | 69,890,650 | 69,890,650 | - | - |
| Common stocks | 14,165,640 | 14,165,640 | - | - |
| Money market and interest bearing cash | 12,954,721 | 12,954,721 | - | - |
| Private equity - EWIF Benefits Services, LLC | 2,302,000 | - | - | 2,302,000 |
| Measured at net asset value: | | | | |
| Hedge funds | 241,280 | - | - | - |
| Private equity - other | 1,446,536 | - | - | - |
| | <u>\$125,946,847</u> | <u>\$ 107,767,029</u> | <u>\$ 14,190,002</u> | <u>\$ 2,302,000</u> |

| | <u>Fair Value</u> | <u>Fair value Measurements at Reporting Date Using:</u> | | |
|--|----------------------|---|--|--|
| | | <u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u> | <u>Significant Other Observable Inputs (Level 2)</u> | <u>Significant Unobservable Inputs (Level 3)</u> |
| <u>September 30, 2023</u> | | | | |
| U.S. government securities | \$ 7,440,114 | \$ 7,440,114 | \$ - | \$ - |
| Corporate bonds | 15,347,298 | - | 15,347,298 | - |
| Mutual funds | 59,596,903 | 59,596,903 | - | - |
| Common stocks | 11,830,650 | 11,830,650 | - | - |
| Money market and interest bearing cash | 14,908,515 | 14,908,515 | - | - |
| Private equity - EWIF Benefits Services, LLC | 2,985,000 | - | - | 2,985,000 |
| Measured at net asset value: | | | | |
| Hedge funds | 321,614 | - | - | - |
| Private equity - other | 406,764 | - | - | - |
| | <u>\$112,836,858</u> | <u>\$ 93,776,182</u> | <u>\$ 15,347,298</u> | <u>\$ 2,985,000</u> |

ELECTRICAL WORKERS' INSURANCE FUND
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2024 AND 2023

Note K - Fair value measurements (continued)

A reconciliation of beginning and ending balances for the years ended September 30, 2024 and 2023 of the net assets whose fair value has been determined using significant unobservable inputs (Level 3) is as follows:

| <u>September 30, 2024</u> | <u>EWIF Benefits Services, LLC</u> |
|--|--|
| Beginning balance | \$ 2,985,000 |
| Total gains and losses (realized and unrealized) included in changes in net assets available for benefits | (683,000) |
| Purchases, sales, issuances, and settlements (net) | - |
| Ending balance | <u>\$ 2,302,000</u> |
| | |
| <u>September 30, 2023</u> | <u>EWIF Benefits Services, LLC</u> |
| Beginning balance | \$ 2,460,000 |
| Total gains and losses (realized and unrealized) included in changes in net assets available for benefits | 525,000 |
| Purchases, sales, issuances, and settlements (net) | - |
| Ending balance | <u>\$ 2,985,000</u> |

Authoritative guidance on fair value measurements permits the Fund to measure the fair value of an investment in an investment entity that does not have a readily determinable fair value based upon the net asset value per share or its equivalent (NAV) of the investment. This guidance does not apply if it is probable that the investment will be sold at a value different than NAV. The following table summarizes the Plan's investments in entities that calculate net asset value per share as fair value as of December 31, 2024 and 2023.

| | <u>Fair Value</u> | | <u>Redemption Frequency</u> | <u>Unfunded Commitment</u> | <u>Redemption Notice Period</u> |
|---------------------------|---------------------|-------------------|---------------------------------|--------------------------------|-------------------------------------|
| | <u>2024</u> | <u>2023</u> | | | |
| a. Hedge fund | \$ 241,280 | \$ 321,614 | quarterly | \$ - | 100 days |
| b. Private equity - other | <u>1,446,536</u> | <u>406,764</u> | illiquid | <u>4,081,000</u> | - |
| | <u>\$ 1,687,816</u> | <u>\$ 728,378</u> | | <u>\$ 4,081,000</u> | |

The following summarizes the investment strategy for each of the Plan's investments in the table presented above:

- a. The Fund's objective is to seek above-average rates of return and long-term capital growth through investment as a fund of funds in or with a diversified portfolio of private investment entities and/or separately managed accounts managed by investments managers selected by the General Partner. The Board of Trustees has decided to liquidate this investment.
- b. The investment is a non-regulated special limited partnership formed under the laws of the Grand Duchy of Luxembourg for the principal purpose of investing in Traditional Secondaries, Non-Traditional Secondaries and other opportunistic investments. Secondaries markets refer to the buying and selling of pre-existing investor commitments. The investment offers secondaries diversified by sector and geography and may include real estate and infrastructure featuring favorable purchase prices, duration or other factors.

ELECTRICAL WORKERS' INSURANCE FUND
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2024 AND 2023

Note L - Multi-employer plans

Pension Plans

The Fund contributes to two multi-employer pension plans under collective bargaining agreements. These plans provide benefits to participants that are generally based on hours of service or wages paid. The amount of any increase or decrease in the Fund's required contributions to these multi-employer pension plans will depend upon the outcome of collective bargaining actions taken by trustees who manage the plans, government regulations and the actual return on assets held in the plans, among other factors.

The risks of participating in multi-employer pension plans are different from the risks of participating in single-employer pension plans in the following respects:

Assets contributed to a multi-employer plan by one employer may be used to provide benefits to employees of the other participating employers.

If a participating employer stops contributing to the plan, the unfunded obligations of the plan allocable to such withdrawing employer may be borne by the remaining participating employers.

If the Fund stops participating in some of its multi-employer pension plans, it may be required to pay those plans an amount based on its allocable share of the underfunded status of the plan, referred to as a withdrawal liability.

The Fund's participation in these plans is outlined in the following table. The "EIN / Pension Plan Number" column provides the Employer Identification Number ("EIN") and the three-digit pension plan number. The most recent "Pension Protection Act Zone Status" available in 2024 is the plan's year-end at December 31, 2023, unless otherwise noted. Among other factors, generally, plans in the red zone are less than 65 percent funded, plans in the yellow zone are between 65 and 80 percent funded, and plans in the green zone are at least 80 percent funded. The "FIP/RP Status Pending/Implemented" column indicates plans for which a funding improvement plan ("FIP") or a rehabilitation plan ("RP") is either pending or has been implemented. Contributions are before reimbursements.

| <u>September 30, 2024</u> | | Pension Protection Act Zone Status | FIP / RP Status Pending / Implemented | Contributions for the Period Ended 9/30/2024 | Surcharge Imposed (2) | Expiration Date of Collective Bargaining Agreement |
|--|-----------------------------|------------------------------------|---------------------------------------|--|-----------------------|--|
| <u>Pension Fund</u> | <u>EIN/Pension Plan No.</u> | | | | | |
| Electrical Workers Pension Trust of Local No. 58 (1) | 38-6080404 001 | Green | No | \$ 349,440 | No | June 28, 2025 |
| National Electrical Benefit Fund (1) | 53-0181657 001 | Green | No | 35,251 | No | June 28, 2025 |

(1). The information for the funds was obtained from the Form 5500 filed for the year ended December 31, 2023.

(2). Under the Pension Protection Act, a surcharge may be imposed when employers make contributions under a collective bargaining agreement that is not in compliance with a rehabilitation plan.

ELECTRICAL WORKERS' INSURANCE FUND
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2024 AND 2023

Note L - Multi-employer plans (continued)

| <u>September 30, 2023</u> | | Pension Protection Act Zone Status | FIP / RP Status Pending / Implemented | Contributions for the Period Ended 9/30/2023 | Surcharge Imposed (2) | Expiration Date of Collective Bargaining Agreement |
|--|-----------------------------|------------------------------------|---------------------------------------|--|-----------------------|--|
| <u>Pension Fund</u> | <u>EIN/Pension Plan No.</u> | | | | | |
| Electrical Workers Pension Trust of Local No. 58 (1) | 38-6080404 001 | Green | No | \$ 346,776 | No | June 28, 2025 |
| National Electrical Benefit Fund (1) | 53-0181657 001 | Green | No | 33,066 | No | June 28, 2025 |

(1). The information for the funds was obtained from the Form 5500 filed for the year ended December 31, 2022.

(2). Under the Pension Protection Act, a surcharge may be imposed when employers make contributions under a collective bargaining agreement that is not in compliance with a rehabilitation plan.

Other Postretirement Plans

The Fund also contributes to a multi-employer benefit plan (itself) that provides health and welfare benefits to active and retired participants. Contributions to this multi-employer benefit plan, before reimbursements, totaled \$262,080 and \$230,740 for the years ended September 30, 2024 and 2023. The employer contribution rate rose by \$0.75 to \$9.00 effective December 31, 2023 and by \$0.75 effective June 30, 2024.

Defined Contribution Plan

The Fund also contributes to a multi-employer defined contribution plan for eligible employees. Contributions to this benefit plan, before reimbursements, totaled \$131,040 and \$130,041 for the years ended September 30, 2024 and 2023.

Note M - Net appreciation in the market value of investments

During 2024 and 2023 the Fund's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value, as follows:

| | <u>2024</u> | <u>2023</u> |
|-----------------------------------|----------------------|---------------------|
| Determined by quoted market price | \$ 11,820,175 | \$ 4,098,001 |
| At estimated fair value | <u>(253,038)</u> | <u>105,761</u> |
| Total | <u>\$ 11,567,137</u> | <u>\$ 4,203,762</u> |

SUPPLEMENTAL INFORMATION

ELECTRICAL WORKERS' INSURANCE FUND

EIN 38-1393235 PN: 503

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SEPTEMBER 30, 2024

| (a) | (b) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY | (c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE | (d) COST | (e) CURRENT VALUE |
|-----|--|--|------------|----------------------|
| * | FEDERATED HERMES TREASURY OBLIGATIONS FUND FUND #68 TOIXX ERISA & DISC IRA | MONEY MKT | 42,290 | 42,290 |
| | BAIRD CORE PLUS BOND FUND CLASS IS FD # 71 | MUTUAL FUNDS | 26,618,033 | 25,163,844 |
| | BOYD WATTERSON LIMITED DURATION ENHANCED INCOME FUND | MUTUAL FUNDS | 6,464,317 | 6,371,390 |
| * | FEDERATED HERMES TREASURY OBLIGATIONS FUND FUND #68 TOIXX ERISA & DISC IRA | MONEY MKT | 9,639,586 | 9,639,586 |
| | FIDELITY 500 INDEX FD-AI | MUTUAL FUNDS | 7,632,769 | 14,211,166 |
| | PIMCO FDS HIGH YIELD FUND INSTL FD # 108 | MUTUAL FUNDS | 6,639,410 | 6,092,161 |
| | PUTNAM SHORT DURATION INCOME FUND CLASS Y | MUTUAL FUNDS | 9,755,812 | 9,878,604 |
| | VANGUARD FTSE AW EX-US-INST | MUTUAL FUNDS | 5,477,943 | 8,173,484 |
| | ABBVIE INC CALL 01/15/2031 UNSC 04.950% DUE 03/15/2031 | CORP BOND | 99,896 | 103,979 |
| | ALLSTATE CORP CALL 09/15/2030 UNSC 01.450% DUE 12/15/2030 | CORP BOND | 89,356 | 96,425 |
| | AMAZON.COM INC CALL 02/12/2031 UNSC 02.100% DUE 05/12/2031 | CORP BOND | 79,578 | 70,818 |
| | AMERICAN ELECTRIC POWER CALL 12/01/2032 UNSC 05.625% DUE 03/01/2033 | CORP BOND | 59,778 | 63,303 |
| | AMERICAN EXPRESS CO CALL 02/16/2027 UNSC VAR% DUE 02/16/2028 | CORP BOND | 85,089 | 86,630 |
| | AMERICAN EXPRESS CO CALL 10/30/2030 UNSC VAR% DUE 10/30/2031 | CORP BOND | 70,087 | 77,384 |
| | AMERICAN HONDA FINANCE UNSC 04.900% DUE 03/13/2029 | CORP BOND | 65,086 | 66,686 |
| | AMERIPRISE FINANCIAL INC CALL 11/15/2028 UNSC 05.700% DUE 12/15/2028 | CORP BOND | 80,174 | 84,651 |
| | AT&T INC SER WI CALL 11/15/2029 04.300% DUE 02/15/2030 | CORP BOND | 63,342 | 54,933 |
| | AUTOZONE INC CALL 06/15/2029 UNSC 05.100% DUE 07/15/2029 | CORP BOND | 71,525 | 72,108 |
| | BANK OF AMERICA CORP CALL 07/22/2032 UNSC VAR% DUE 07/22/2033 | CORP BOND | 70,132 | 71,817 |
| | BANK OF AMERICA CORP SER MTN CALL 06/14/2028 @ 100 VAR% DUE 06/14/2029 | CORP BOND | 126,196 | 124,667 |
| | BANK OF MONTREAL SEDOL 2KQJ430 ISIN US06368LGV27 05.203% DUE 02/01/2028 | CORP BOND | 85,164 | 87,651 |
| | BANK OF NOVA SCOTIA CALL 09/08/2027 UNSC VAR% DUE 09/08/2028 | CORP BOND | 140,000 | 140,479 |
| | BANK OF NY MELLON CORP SER J CALL 04/26/2033 VAR% DUE 04/26/2034 | CORP BOND | 85,000 | 87,077 |
| | BRISTOL-MYERS SQUIBB CO CALL 12/01/2030 UNSC 05.750% DUE 02/01/2031 | CORP BOND | 89,794 | 97,474 |
| | CANADIAN IMPERIAL BANK SEDOL 2MSZQV2 ISIN US13607PHT49 VAR% DUE 09/11/2027 | CORP BOND | 135,000 | 135,698 |
| | CAPITAL ONE FINANCIAL CO CALL 06/08/2033 UNSC VAR% DUE 06/08/2034 | CORP BOND | 60,000 | 64,820 |
| | CAPITAL ONE FINANCIAL CO CALL 11/02/2026 UNSC VAR% DUE 11/02/2027 | CORP BOND | 89,949 | 90,268 |
| | CAPITAL ONE MULTI-ASSET EXECUT SERIES 2023 A1 CLASS A 04.420% DUE 05/15/2028 | CORP BOND | 64,985 | 65,258 |
| | CDW LLC/CDW FINANCE CALL 10/01/2022 COGT 04.250% DUE 04/01/2028 | CORP BOND | 77,974 | 79,046 |
| | CHASE ISSUANCE TRUST SERIES 2022 A1 CLASS A 03.970% DUE 09/15/2027 | CORP BOND | 99,983 | 99,677 |
| | CIGNA GROUP/THE CALL 04/15/2029 UNSC 05.000% DUE 05/15/2029 | CORP BOND | 95,336 | 97,842 |
| | CISCO SYSTEMS INC CALL 11/26/2033 UNSC 05.050% DUE 02/26/2034 | CORP BOND | 65,267 | 68,263 |
| | CITIGROUP INC CALL 05/24/2032 UNSC VAR% DUE 05/24/2033 | CORP BOND | 75,277 | 75,597 |
| | CITIGROUP INC CALL 09/19/2029 UNSC VAR% DUE 09/19/2030 | CORP BOND | 75,137 | 75,087 |
| | CITIGROUP INC SR UNSEC VAR% DUE 01/10/2028 | CORP BOND | 76,833 | 69,297 |
| | CITIGROUP INC SUB 03.875% DUE 03/26/2025 | CORP BOND | 151,225 | 139,254 |
| | CNH EQUIPMENT TRUST SERIES 2022 A CLASS A3 02.830% DUE 07/15/2027 | CORP BOND | 96,175 | 95,076 |

ELECTRICAL WORKERS' INSURANCE FUND

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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SEPTEMBER 30, 2024

| (a) | (b) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY | (c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE | (d) COST | (e) CURRENT VALUE |
|-----|---|--|----------|----------------------|
| | CNH EQUIPMENT TRUST SERIES 2022 B CLASS A3 | 03.890% DUE 11/15/2027 | 74,392 | 74,013 |
| | CNH EQUIPMENT TRUST SERIES 2023 A CLASS A3 | 04.810% DUE 08/15/2028 | 154,974 | 156,102 |
| | CNH INDUSTRIAL CAP LLC COGT | 03.950% DUE 05/23/2025 | 89,522 | 89,403 |
| | COCA-COLA CONSOLIDATED CALL 05/01/2029 | UNSC 05.250% DUE 06/01/2029 | 55,091 | 57,188 |
| | COMMONWEALTH EDISON CO CALL 03/01/2034 | MORT 05.300% DUE 06/01/2034 | 59,785 | 63,199 |
| | CON EDISON CO OF NY INC CALL 03/15/2031 | UNSC 02.400% DUE 06/15/2031 | 75,268 | 66,814 |
| | CROWN CASTLE INTL CORP CALL 04/01/2030 | UNSC 03.300% DUE 07/01/2030 | 98,077 | 88,833 |
| | DIAMONDBACK ENERGY INC CALL 12/30/2029 | UNSC 05.150% DUE 01/30/2030 | 88,174 | 92,337 |
| | DISCOVER CARD EXECUTION NOTE T SERIES 2022 | A3 CLASS A3 03.560% DUE 07/15/2027 | 154,981 | 153,887 |
| | DISCOVER CARD EXECUTION NOTE T SERIES 2022 | A4 CLASS A 05.030% DUE 10/15/2027 | 84,989 | 85,580 |
| | DOW CHEMICAL CO/THE CALL 08/30/2028 | UNSC 04.800% DUE 11/30/2028 | 106,779 | 91,850 |
| | DUKE ENERGY CORP CALL 03/15/2031 | UNSC 02.550% DUE 06/15/2031 | 91,078 | 92,822 |
| | DUKE ENERGY PROGRESS LLC CALL 05/15/2031 | MORT 02.000% DUE 08/15/2031 | 86,816 | 77,256 |
| | ENBRIDGE INC SEDOL 2KVSF95 ISIN US29250NBR52 | 05.700% DUE 03/08/2033 | 115,596 | 121,204 |
| | ENBRIDGE INC SEDOL 2L82YF6 ISIN US29250NCA19 | 05.250% DUE 04/05/2027 | 70,011 | 71,671 |
| | ENERGY TRANSFER OPERATNG CALL 01/15/2029 | COGT 05.250% DUE 04/15/2029 | 127,619 | 113,154 |
| | EXELON CORP CALL 02/15/2028 | UNSC 05.150% DUE 03/15/2028 | 79,880 | 82,206 |
| | FEDERAL HOME LOAN MTG CORP GOLD POOL G15965 | 03.000% DUE 10/01/2031 | 36,918 | 34,927 |
| | FEDERAL HOME LOAN MTG CORP POOL QF2389 | 05.500% DUE 10/01/2052 | 117,770 | 118,215 |
| | FEDERAL HOME LOAN MTG CORP POOL RB5036 | 02.500% DUE 01/01/2040 | 63,216 | 57,446 |
| | FEDERAL HOME LOAN MTG CORP POOL SD3129 | 05.000% DUE 10/01/2052 | 158,429 | 161,010 |
| | FEDERAL HOME LOAN MTG CORP POOL SD8268 | 05.500% DUE 11/01/2052 | 114,157 | 116,406 |
| | FEDERAL HOME LOAN MTG CORP POOL SD8279 | 06.000% DUE 11/01/2052 | 111,530 | 112,364 |
| | FEDERAL HOME LOAN MTG CORP SERIES 4774 | CLASS LP 03.500% DUE 09/15/2046 | 29,245 | 28,129 |
| | FEDERAL NATL MTG ASSN POOL AL9867 | 03.000% DUE 02/01/2032 | 25,295 | 24,798 |
| | FEDERAL NATL MTG ASSN POOL AS5327 | 03.000% DUE 07/01/2030 | 40,740 | 38,513 |
| | FEDERAL NATL MTG ASSN POOL AS8594 | 02.500% DUE 01/01/2032 | 68,634 | 62,517 |
| | FEDERAL NATL MTG ASSN POOL BK0922 | 04.500% DUE 07/01/2048 | 113,938 | 119,172 |
| | FEDERAL NATL MTG ASSN POOL BO3219 | 02.500% DUE 10/01/2034 | 37,855 | 33,886 |
| | FEDERAL NATL MTG ASSN POOL BQ7629 | 01.500% DUE 11/01/2035 | 60,428 | 53,085 |
| | FEDERAL NATL MTG ASSN POOL BR2619 | 02.000% DUE 02/01/2051 | 162,822 | 132,212 |
| | FEDERAL NATL MTG ASSN POOL BV7928 | 04.500% DUE 08/01/2052 | 292,322 | 294,288 |
| | FEDERAL NATL MTG ASSN POOL CA4088 | 03.500% DUE 09/01/2034 | 42,518 | 39,615 |

ELECTRICAL WORKERS' INSURANCE FUND

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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SEPTEMBER 30, 2024

| (a) | (b) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY | (c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE | (d) COST | (e) CURRENT VALUE |
|-----|--|--|----------|----------------------|
| | FEDERAL NATL MTG ASSN POOL CA4881 | 02.500% DUE 12/01/2034 AGENCY BONDS | 39,764 | 35,859 |
| | FEDERAL NATL MTG ASSN POOL CA6638 | 02.500% DUE 08/01/2050 AGENCY BONDS | 83,199 | 68,895 |
| | FEDERAL NATL MTG ASSN POOL CB4847 | 05.500% DUE 10/01/2052 AGENCY BONDS | 163,963 | 167,377 |
| | FEDERAL NATL MTG ASSN POOL FM1221 | 03.500% DUE 07/01/2049 AGENCY BONDS | 23,389 | 21,315 |
| | FEDERAL NATL MTG ASSN POOL FM3522 | 03.000% DUE 02/01/2035 AGENCY BONDS | 54,362 | 49,794 |
| | FEDERAL NATL MTG ASSN POOL FM4138 | 02.500% DUE 09/01/2050 AGENCY BONDS | 104,252 | 87,077 |
| | FEDERAL NATL MTG ASSN POOL FM5328 | 01.500% DUE 01/01/2031 AGENCY BONDS | 47,179 | 43,247 |
| | FEDERAL NATL MTG ASSN POOL FM5792 | 01.500% DUE 12/01/2035 AGENCY BONDS | 204,332 | 180,271 |
| | FEDERAL NATL MTG ASSN POOL FM5798 | 02.000% DUE 01/01/2036 AGENCY BONDS | 220,690 | 195,855 |
| | FEDERAL NATL MTG ASSN POOL FM6733 | 02.500% DUE 02/01/2035 AGENCY BONDS | 134,082 | 122,739 |
| | FEDERAL NATL MTG ASSN POOL FM7599 | 03.500% DUE 01/01/2051 AGENCY BONDS | 81,444 | 83,400 |
| | FEDERAL NATL MTG ASSN POOL FM8248 | 02.500% DUE 08/01/2051 AGENCY BONDS | 139,148 | 117,224 |
| | FEDERAL NATL MTG ASSN POOL MA2484 | 04.000% DUE 12/01/2045 AGENCY BONDS | 47,722 | 43,572 |
| | FEDERAL NATL MTG ASSN POOL MA3664 | 04.000% DUE 05/01/2049 AGENCY BONDS | 157,640 | 167,807 |
| | FEDERAL NATL MTG ASSN POOL MA4261 | 02.000% DUE 02/01/2036 AGENCY BONDS | 135,305 | 118,681 |
| | FEDERAL NATL MTG ASSN POOL MA4285 | 02.000% DUE 03/01/2031 AGENCY BONDS | 179,717 | 164,689 |
| * | FEDERATED HERMES TREASURY OBLIGATIONS FUND FUND #68 TOIXX ERISA & DISC IRA | MONEY MKT | 163,357 | 163,357 |
| | FISERV INC CALL 07/01/2028 UNSC 04.200% DUE 10/01/2028 | CORP BOND | 97,186 | 84,691 |
| | FORD CREDIT AUTO OWNER TRUST SERIES 2022 D CLASS A3 05.270% DUE 05/15/2027 | CORP BOND | 115,061 | 115,657 |
| | FOX CORP SER WI CALL 10/25/2028 04.709% DUE 01/25/2029 | CORP BOND | 97,683 | 86,085 |
| | GLOBAL PAYMENTS INC UNSC 04.950% DUE 08/15/2027 | CORP BOND | 129,856 | 132,140 |
| | GM FINANCIAL SECURITIZED TERM SERIES 2023 2 CLASS A3 04.470% DUE 02/16/2028 | CORP BOND | 104,997 | 105,141 |
| | GOLDMAN SACHS GROUP INC CALL 10/21/2026 UNSC VAR% DUE 10/21/2027 | CORP BOND | 181,188 | 195,429 |
| | HF SINCLAIR CORP SER WI CALL 09/16/2024 05.000% DUE 02/01/2028 | CORP BOND | 59,705 | 59,710 |
| | HOLLYFRONTIER CORP CALL 01/01/2026 @ 100.000 UNSC 05.875% DUE 04/01/2026 | CORP BOND | 146,670 | 135,811 |
| | HONDA AUTO RECEIVABLES OWNER SERIES 2023 2 CLASS A3 04.660% DUE 11/15/2027 | CORP BOND | 84,986 | 85,667 |
| | HP ENTERPRISE CO CALL 09/15/2029 UNSC 04.550% DUE 10/15/2029 | CORP BOND | 104,889 | 104,730 |
| | HUNTINGTON BANCSHARES CALL 08/04/2027 UNSC VAR% DUE 08/04/2028 | CORP BOND | 89,163 | 90,117 |
| | HYUNDAI AUTO RECEIVABLES TRUST SERIES 2022 C CLASS A3 05.390% DUE 06/15/2027 | CORP BOND | 82,010 | 82,508 |
| | INTEL CORP CALL 01/10/2028 UNSC 04.875% DUE 02/10/2028 | CORP BOND | 120,596 | 121,258 |
| | INTERCONTINENTAL EXCHANGE CALL 03/01/2030 UNSC 02.100% DUE 06/15/2030 | CORP BOND | 88,641 | 98,158 |
| | JOHN DEERE CAPITAL CORP SER MTN UNSC 04.850% DUE 06/11/2029 | CORP BOND | 74,879 | 77,464 |

ELECTRICAL WORKERS' INSURANCE FUND

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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SEPTEMBER 30, 2024

| (a) | (b) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY | (c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE | (d) COST | (e) CURRENT VALUE |
|-----|--|--|----------|----------------------|
| | JOHN DEERE OWNER TRUST SERIES 2021 A CLASS A3 00.360% DUE 09/15/2025 | CORP BOND | 813 | 812 |
| | JOHN DEERE OWNER TRUST SERIES 2022 B CLASS A3 03.740% DUE 02/16/2027 | CORP BOND | 59,844 | 59,516 |
| | JOHN DEERE OWNER TRUST SERIES 2022 C CLASS A3 05.090% DUE 06/15/2027 | CORP BOND | 116,780 | 117,308 |
| | JP MORGAN CHASE & CO SR UNSEC CALL 04/22/30 @ 100 VAR% DUE 04/22/2031 | CORP BOND | 133,828 | 127,163 |
| | JPMORGAN CHASE & CO CALL 07/22/2027 UNSC VAR% DUE 07/22/2028 | CORP BOND | 94,982 | 96,853 |
| | JPMORGAN CHASE & CO CALL 07/24/2028 UNSC VAR% DUE 07/24/2029 | CORP BOND | 95,002 | 98,297 |
| | KEYCORP SER MTN CALL 05/23/2024 VAR% DUE 05/23/2025 | CORP BOND | 76,404 | 80,126 |
| | KINDER MORGAN INC CALL 01/01/2029 UNSC 05.000% DUE 02/01/2029 | CORP BOND | 74,907 | 76,603 |
| | KROGER CO CALL 06/15/2034 UNSC 05.000% DUE 09/15/2034 | CORP BOND | 50,120 | 50,417 |
| | KROGER CO CALL 10/15/2030 UNSC 01.700% DUE 01/15/2031 | CORP BOND | 64,347 | 71,959 |
| | LYB INT FINANCE III CALL 09/01/2025 COGT 01.250% DUE 10/01/2025 | CORP BOND | 73,174 | 70,572 |
| | MARATHON PETROLEUM CORP CALL 04/01/2025 UNSC 04.700% DUE 05/01/2025 | CORP BOND | 130,823 | 124,841 |
| | MARRIOTT INTERNATIONAL CALL 04/15/2029 UNSC 04.875% DUE 05/15/2029 | CORP BOND | 74,246 | 76,481 |
| | MERCEDES-BENZ AUTO RECEIVABLES SERIES 2022 1 CLASS A3 05.210% DUE 08/16/2027 | CORP BOND | 94,468 | 94,961 |
| | MERCEDES-BENZ AUTO RECEIVABLES SERIES 2023 1 CLASS A3 04.510% DUE 11/15/2027 | CORP BOND | 182,401 | 182,445 |
| | MORGAN STANLEY CALL 01/21/2032 UNSC VAR% DUE 01/21/2033 | CORP BOND | 54,299 | 62,528 |
| | MORGAN STANLEY SER GMTN CALL 1/24/28 @ 100 VAR% DUE 01/24/2029 | CORP BOND | 194,933 | 172,118 |
| | MPLX LP CALL 12/01/2032 UNSC 05.000% DUE 03/01/2033 | CORP BOND | 85,693 | 90,050 |
| | NEXTERA ENERGY CAPITAL CALL 08/01/2029 COGT 02.750% DUE 11/01/2029 | CORP BOND | 49,943 | 46,636 |
| | NEXTERA ENERGY CAPITAL UNSC 06.051% DUE 03/01/2025 | CORP BOND | 135,996 | 135,568 |
| | NISOURCE INC CALL 06/01/2029 UNSC 05.200% DUE 07/01/2029 | CORP BOND | 94,849 | 98,368 |
| | NISSAN AUTO RECEIVABLES OWNER SERIES 2022 B CLASS A3 04.460% DUE 05/17/2027 | CORP BOND | 82,372 | 82,315 |
| | NISSAN AUTO RECEIVABLES OWNER SERIES 2023 A CLASS A3 05.090% DUE 11/15/2027 | CORP BOND | 144,974 | 145,738 |
| | ORACLE CORP CALL 01/01/2030 UNSC 02.950% DUE 04/01/2030 | CORP BOND | 72,939 | 65,091 |
| | PHILLIPS 66 CO CALL 04/15/2031 COGT 05.250% DUE 06/15/2031 | CORP BOND | 72,349 | 72,386 |
| | PROLOGIS LP CALL 01/15/2030 UNSC 02.250% DUE 04/15/2030 | CORP BOND | 121,145 | 117,390 |
| | REALTY INCOME CORP CALL 01/15/2026 UNSC 03.200% DUE 01/15/2027 | CORP BOND | 174,091 | 171,082 |
| | ROYAL BANK OF CANADA SER GMTN CALL 07/23/2026 VAR% DUE 07/23/2027 | CORP BOND | 94,978 | 96,451 |
| | RTX CORPORATION CALL 06/01/2031 UNSC 01.900% DUE 09/01/2031 | CORP BOND | 93,455 | 93,522 |
| | SOUTHERN CO SER 21-B CALL 12/15/2027 01.750% DUE 03/15/2028 | CORP BOND | 94,300 | 87,158 |
| | STATE STREET CORP CALL 01/26/2025 UNSC VAR% DUE 01/26/2026 | CORP BOND | 70,000 | 69,927 |
| | STATE STREET CORP CALL 05/18/2025 UNSC VAR% DUE 05/18/2026 | CORP BOND | 60,000 | 60,158 |
| | SYSCO CORPORATION CALL 01/01/2030 COGT 05.950% DUE 04/01/2030 | CORP BOND | 87,435 | 75,158 |
| | TAKE-TWO INTERACTIVE SOF CALL 05/12/2029 UNSC 05.400% DUE 06/12/2029 | CORP BOND | 115,578 | 119,164 |
| | T-MOBILE USA INC CALL 04/15/2024 COGT 03.375% DUE 04/15/2029 | CORP BOND | 86,267 | 91,177 |
| | TORONTO-DOMINION BANK SEDOL 2MSQMP1 ISIN US89116CQJ98 VAR% DUE 09/10/2034 | CORP BOND | 50,000 | 50,478 |
| | TORONTO-DOMINION BANK SEDOL BM9HQS5 ISIN US89115A2S07 05.532% DUE 07/17/2026 | CORP BOND | 125,000 | 128,206 |
| | TOYOTA AUTO RECEIVABLES OWNER SERIES 2023 B CLASS A3 04.710% DUE 02/15/2028 | CORP BOND | 149,992 | 150,774 |
| | TOYOTA MOTOR CREDIT CORP UNSC 05.100% DUE 03/21/2031 | CORP BOND | 129,962 | 135,446 |

ELECTRICAL WORKERS' INSURANCE FUND

EIN 38-1393235

PN: 503

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SEPTEMBER 30, 2024

| (a) | (b) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY | (c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE | (d) COST | (e) CURRENT VALUE |
|-----|---|--|-----------|----------------------|
| | TRANSCANADA PIPELINES SEDOL 2KVV8S7 ISIN US89352HBE80 | 06.203% DUE 03/09/2026 CORP BOND | 125,000 | 125,123 |
| | TRUIST FINANCIAL CORPORATION SER MTN CALL 06/07/2028 @ 100 VAR% | DUE 06/07/2029 CORP BOND | 93,032 | 91,481 |
| | UNITED PARCEL SERVICE CALL 02/22/2034 UNSC 05.150% | DUE 05/22/2034 CORP BOND | 49,919 | 52,552 |
| | UNITEDHEALTH GROUP INC CALL 02/15/2030 UNSC 02.000% | DUE 05/15/2030 CORP BOND | 88,872 | 84,694 |
| | UNITEDHEALTH GROUP INC CALL 11/15/2031 UNSC 04.950% | DUE 01/15/2032 CORP BOND | 71,665 | 72,398 |
| | US BANCORP CALL 06/10/2033 UNSC VAR% | DUE 06/12/2034 CORP BOND | 88,314 | 96,096 |
| | US BANCORP CALL 06/12/2028 UNSC VAR% | DUE 06/12/2029 CORP BOND | 101,738 | 104,804 |
| | USA TREASURY BD 05.250% | DUE 02/15/2029 TREAS BD | 174,797 | 176,807 |
| | USA TREASURY NOTE 02.875% | DUE 08/15/2028 TREAS BD | 1,411,755 | 1,456,982 |
| | USA TREASURY NOTE 04.375% | DUE 08/31/2028 TREAS BD | 25,325 | 25,722 |
| | USA TREASURY NOTES 00.375% | DUE 09/30/2027 TREAS BD | 255,862 | 259,327 |
| | USA TREASURY NOTES 00.625% | DUE 05/15/2030 TREAS BD | 771,812 | 794,021 |
| | USA TREASURY NOTES 00.625% | DUE 08/15/2030 TREAS BD | 92,959 | 92,700 |
| | USA TREASURY NOTES 01.125% | DUE 02/15/2031 TREAS BD | 967,032 | 984,608 |
| | USA TREASURY NOTES 01.125% | DUE 02/28/2027 TREAS BD | 54,448 | 56,590 |
| | USA TREASURY NOTES 01.500% | DUE 01/31/2027 TREAS BD | 41,985 | 42,889 |
| | USA TREASURY NOTES 01.500% | DUE 02/15/2030 TREAS BD | 90,834 | 94,283 |
| | USA TREASURY NOTES 01.625% | DUE 05/15/2026 TREAS BD | 784,283 | 778,556 |
| | USA TREASURY NOTES 01.625% | DUE 08/15/2029 TREAS BD | 118,792 | 123,478 |
| | USA TREASURY NOTES 01.625% | DUE 11/30/2026 TREAS BD | 252,930 | 253,987 |
| | USA TREASURY NOTES 01.8750% | DUE 02/15/2032 TREAS BD | 836,138 | 874,299 |
| | USA TREASURY NOTES 02.000% | DUE 11/15/2026 TREAS BD | 113,375 | 116,016 |
| | USA TREASURY NOTES 02.375% | DUE 05/15/2027 TREAS BD | 1,750,616 | 1,711,432 |
| | USA TREASURY NOTES 02.750% | DUE 02/15/2028 TREAS BD | 498,833 | 501,481 |
| | USA TREASURY NOTES 02.875% | DUE 05/15/2028 TREAS BD | 126,401 | 131,778 |
| | USA TREASURY NOTES 03.125% | DUE 11/15/2028 TREAS BD | 83,669 | 83,519 |
| | USA TREASURY NOTES 03.875% | DUE 08/15/2033 TREAS BD | 914,077 | 942,527 |
| | USA TREASURY NOTES 04.125% | DUE 07/31/2028 TREAS BD | 158,565 | 158,009 |
| | USA TREASURY NOTES 04.375% | DUE 05/15/2034 TREAS BD | 259,944 | 261,835 |
| | USA TREASURY NTS 02.375% | DUE 05/15/2029 TREAS BD | 808,652 | 835,173 |
| | VALERO ENERGY CORP CALL 09/01/2031 UNSC 02.800% | DUE 12/01/2031 CORP BOND | 87,749 | 92,498 |
| | VERIZON MASTER TRUST SERIES 2022 4 CLASS A 03.830% | DUE 11/20/2028 CORP BOND | 99,995 | 99,243 |
| | VERIZON MASTER TRUST SERIES 2024-3 CLASS A1A 05.340% | DUE 04/22/2030 CORP BOND | 114,975 | 118,212 |
| | VISA INC CALL 01/15/2030 UNSC 02.050% | DUE 04/15/2030 CORP BOND | 81,097 | 72,417 |
| | WELLS FARGO & COMPANY CALL 04/22/2027 UNSC VAR% | DUE 04/22/2028 CORP BOND | 74,999 | 77,444 |
| | WELLS FARGO & COMPANY CALL 07/25/2033 UNSC VAR% | DUE 07/25/2034 CORP BOND | 59,347 | 62,950 |
| | WELLS FARGO & COMPANY SER MTN CALL 03/24/2027 VAR% | DUE 03/24/2028 CORP BOND | 59,163 | 58,864 |
| | WESTPAC BANKING CORP SEDOL ISIN US961214FN86 05.535% | DUE 11/17/2028 CORP BOND | 45,000 | 47,619 |
| | WESTPAC BANKING CORP SEDOL ISIN US961214FT56 05.050% | DUE 04/16/2029 CORP BOND | 129,760 | 135,106 |

ELECTRICAL WORKERS' INSURANCE FUND

EIN 38-1393235 PN: 503

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SEPTEMBER 30, 2024

| (a) | (b) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY | (c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE | (d) COST | (e) CURRENT VALUE |
|-----|--|--|-----------|----------------------|
| | WESTPAC BKG CORP SEDOL BDBGH51 ISIN US961214DF70 VAR% DUE 11/23/2031 | CORP BOND | 145,717 | 143,972 |
| | WILLIAMS COMPANIES INC UNSC 05.400% DUE 03/02/2026 | CORP BOND | 120,348 | 121,556 |
| | ACUITY BRANDS INC | STOCKS | 129,407 | 250,330 |
| | ALPHABET INC/CA-CL A | STOCKS | 68,074 | 256,238 |
| | AMERICAN EXPRESS CO | STOCKS | 104,031 | 230,249 |
| | AMGEN INC | STOCKS | 134,889 | 255,513 |
| | APPLE INC | STOCKS | 59,424 | 283,328 |
| | APPLIED INDL TECHNOLOGIES INC | STOCKS | 199,518 | 223,576 |
| | AUTODESK INC | STOCKS | 187,996 | 228,924 |
| | AUTOZONE INC | STOCKS | 75,452 | 170,102 |
| | BERKSHIRE HATHAWAY INC CLASS B | STOCKS | 27,877 | 184,564 |
| | BOOKING HOLDINGS INC | STOCKS | 188,426 | 273,788 |
| | CHECK POINT SOFTWARE TECH SEDOL 2181334 ISIN IL0010824113 | STOCKS | 141,611 | 229,251 |
| | CISCO SYSTEMS INC | STOCKS | 121,706 | 185,951 |
| | CUMMINS INC | STOCKS | 97,932 | 177,761 |
| | DROPBOX INC-CLASS A | STOCKS | 204,854 | 194,260 |
| | ELEVANCE HEALTH INC | STOCKS | 57,411 | 186,680 |
| | F5 INC | STOCKS | 162,744 | 224,604 |
| * | FEDERATED HERMES TREASURY OBLIGATIONS FUND FUND #68 TOIXX ERISA & DISC IRA | MONEY MKT | 281,052 | 281,052 |
| | GOLDMAN SACHS GROUP INC | STOCKS | 83,670 | 217,848 |
| | JOHNSON & JOHNSON | STOCKS | 112,418 | 153,471 |
| | JPMORGAN CHASE & CO | STOCKS | 63,104 | 211,071 |
| | LAM RESEARCH CORP EXCH 10/03/2024 SEE 512807306 | STOCKS | 111,272 | 192,595 |
| | LIBERTY BROADBAND-A | STOCKS | 118,277 | 124,372 |
| | META PLATFORMS INC | STOCKS | 126,130 | 311,407 |
| | MICROSOFT CORP | STOCKS | 15,838 | 225,047 |
| | NETAPP INC | STOCKS | 91,987 | 191,688 |
| | PRICE T ROWE GROUP INC | STOCKS | 152,413 | 141,173 |
| | QUALCOMM | STOCKS | 135,198 | 173,111 |
| | REGENERON PHARMACEUTICALS INC | STOCKS | 84,164 | 235,478 |
| | ROBERT HALF INC | STOCKS | 146,986 | 130,641 |
| | SIRIUSXM HOLDINGS INC | STOCKS | 146,550 | 117,730 |
| | SMITH A O CORP COMMON | STOCKS | 223,486 | 237,511 |
| | TARGET CORP | STOCKS | 182,803 | 177,369 |
| | THE CIGNA GROUP | STOCKS | 214,115 | 229,343 |
| | WALMART INC | STOCKS | 139,256 | 288,278 |
| | ZEBRA TECHNOLOGIES CORP CLASS A | STOCKS | 153,017 | 193,677 |
| | GOLDMAN SACHS VINTAGE IX | LTD PARTNERSH | 934,068 | 1,446,536 |
| | EWIF BENEFIT SERVICES, LLC | LIMITED LIABILIT | 4,619,341 | 2,302,000 |

ELECTRICAL WORKERS' INSURANCE FUND

EIN 38-1393235 PN: 503

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SEPTEMBER 30, 2024

| (a) | (b) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY | (c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE | (d) COST | (e) CURRENT VALUE |
|-----|--|--|--------------------|----------------------|
| | ENTRUST PERMAL MIDWEST PARTNERS, LP - FUND OF FUNDS | LTD PARTNERSH | - | 241,280 |
| * | INTEREST BEARING CASH | | 1,808,806 | 1,808,806 |
| | AFFILIATED MANAGERS GROUP INC | STOCKS | 276,195 | 533,400 |
| | AVANTOR INC | STOCKS | 134,594 | 201,786 |
| | BROWN & BROWN INC | STOCKS | 37,989 | 165,760 |
| | C.H.ROBINSON WORLDWIDE INC | STOCKS | 215,245 | 309,036 |
| | CABLE ONE INC | STOCKS | 297,522 | 209,874 |
| | CLARIVATE PLC SEDOL BJN444 ISIN JE00BJN4441 | STOCKS | 1,066,946 | 738,400 |
| | ENERGIZER SPINCO INC- W/I | STOCKS | 310,469 | 349,360 |
| | ENVISTA HOLDINGS CORP | STOCKS | 217,080 | 213,408 |
| * | FEDERATED HERMES TREASURY OBLIGATIONS FUND FUND #68 TOIXX ERISA & DISC IRA | MONEY MKT | 1,019,631 | 1,019,631 |
| | GFL ENVIRONMENTAL INC-SUB VT SEDOL BKDT650 ISIN CA36168Q1046 | STOCKS | 264,195 | 370,884 |
| | HENRY SCHEIN INC | STOCKS | 201,381 | 200,475 |
| | HILLENBRAND INC | STOCKS | 245,673 | 258,540 |
| | LAMB WESTON HOLDING INC-W/I | STOCKS | 292,497 | 278,382 |
| | LESLIES INC | STOCKS | 406,473 | 154,840 |
| | LPL FINANCIAL HOLDINGS INC | STOCKS | 66,113 | 395,471 |
| | MOLSON COORS BEVERAGE COMPANY | STOCKS | 248,370 | 322,112 |
| | POST HOLDINGS INC-W CLASS I | STOCKS | 304,993 | 572,963 |
| | STERICYCLE INC MERGED 11/05/24 @ \$62.00 P/S | STOCKS | 473,389 | 530,700 |
| | SYSCO CORP | STOCKS | 74,193 | 202,956 |
| | US FOODS HOLDING CORP | STOCKS | 175,244 | 516,600 |
| | WILEY JOHN A SONS INC CLASS A | STOCKS | 307,101 | 357,050 |
| | WILLIS TOWERS WATSON PLC SEDOL BDB6Q21 ISIN IE00BDB6Q211 | STOCKS | 95,671 | 176,718 |
| | TOTALS | | <u>116,068,127</u> | <u>125,946,847</u> |



ELECTRICAL WORKERS INS FD CONS
 CONSOLIDATED ACCOUNT STATEMENT
 Account number 20-75-502-***2938
 October 1, 2023 - September 30, 2024

Detail

5% Report by asset-single transaction

| Asset description | Tran type | Settle date | Shares/units | Purchase/sale Cost/proceeds | Broker commission | Other expense | Cost of asset | Previous annual market | Valuation | Threshold | Net gain/loss |
|---|-----------|-------------|---------------|-----------------------------|-------------------|---------------|------------------------------|------------------------|------------------|----------------|---------------|
| FEDERATED HERMES TREASURY OBLIGATIONS FUND #68 TOIXX ERISA & DISC IRA | SAL | 02/29/24 | 5,343,292.070 | \$5,343,292.07 | \$0.00 | \$0.00 | \$5,343,292.07 | \$5,343,292.07 | \$104,928,368.88 | \$5,245,418.44 | \$0.00 |
| 0 PURCHASES FOR | | | | \$0.00 | | | TOTAL ISSUE AGGREGATE | \$5,343,292.07 | | | |
| 1 SALES FOR | | | | \$5,343,292.07 | | | | | | | |





**ELECTRICAL WORKERS INS FD CONS
 CONSOLIDATED ACCOUNT STATEMENT**
 Account number 20-75-502-***2938
 October 1, 2023 - September 30, 2024

Detail

5% Report by asset-aggregate

| Asset description | Tran type | Settle date | Shares/units | Purchase/sale Cost/proceeds | Broker commission | Other expense | Cost of asset | Previous annual market | Valuation | Threshold | Net gain/loss |
|---------------------------------|-----------|-------------|---------------|-----------------------------|-------------------|---------------|---------------|------------------------|------------------|----------------|---------------|
| FEDERATED HERMES TREASURY | SAL | 10/31/23 | 127,606.570 | \$127,606.57 | \$0.00 | \$0.00 | \$127,606.57 | \$127,606.57 | \$104,928,368.88 | \$5,246,418.44 | \$0.00 |
| OBLIGATIONS FUND FUND #68 TOIXX | PUR | 10/31/23 | 111,568.480 | 111,568.48 | 0.00 | 0.00 | 111,568.48 | 111,568.48 | | | 0.00 |
| ERISA & DISC IRA | PUR | 10/31/23 | 68,059.630 | 68,059.63 | 0.00 | 0.00 | 68,059.63 | 68,059.63 | | | 0.00 |
| | SAL | 10/31/23 | 1,281,409.960 | 1,281,409.96 | 0.00 | 0.00 | 1,281,409.96 | 1,281,409.96 | | | 0.00 |
| | PUR | 10/31/23 | 1,625.590 | 1,625.59 | 0.00 | 0.00 | 1,625.59 | 1,625.59 | | | 0.00 |
| | PUR | 11/30/23 | 430,197.180 | 430,197.18 | 0.00 | 0.00 | 430,197.18 | 430,197.18 | | | 0.00 |
| | SAL | 11/30/23 | 31,162.950 | 31,162.95 | 0.00 | 0.00 | 31,162.95 | 31,162.95 | | | 0.00 |
| | SAL | 11/30/23 | 37,173.550 | 37,173.55 | 0.00 | 0.00 | 37,173.55 | 37,173.55 | | | 0.00 |
| | PUR | 11/30/23 | 1,629,173.290 | 1,629,173.29 | 0.00 | 0.00 | 1,629,173.29 | 1,629,173.29 | | | 0.00 |
| | PUR | 11/30/23 | 2,309.280 | 2,309.28 | 0.00 | 0.00 | 2,309.28 | 2,309.28 | | | 0.00 |
| | PUR | 12/31/23 | 47,911.230 | 47,911.23 | 0.00 | 0.00 | 47,911.23 | 47,911.23 | | | 0.00 |
| | SAL | 12/31/23 | 118,545.850 | 118,545.85 | 0.00 | 0.00 | 118,545.85 | 118,545.85 | | | 0.00 |
| | SAL | 12/31/23 | 34,867.490 | 34,867.49 | 0.00 | 0.00 | 34,867.49 | 34,867.49 | | | 0.00 |
| | SAL | 12/31/23 | 1,461,283.010 | 1,461,283.01 | 0.00 | 0.00 | 1,461,283.01 | 1,461,283.01 | | | 0.00 |
| | PUR | 12/31/23 | 1,250.860 | 1,250.86 | 0.00 | 0.00 | 1,250.86 | 1,250.86 | | | 0.00 |
| | PUR | 01/31/24 | 119,522.200 | 119,522.20 | 0.00 | 0.00 | 119,522.20 | 119,522.20 | | | 0.00 |
| | PUR | 01/31/24 | 38,328.500 | 38,328.50 | 0.00 | 0.00 | 38,328.50 | 38,328.50 | | | 0.00 |
| | PUR | 01/31/24 | 4,644.860 | 4,644.86 | 0.00 | 0.00 | 4,644.86 | 4,644.86 | | | 0.00 |
| | PUR | 01/31/24 | 1,391,841.240 | 1,391,841.24 | 0.00 | 0.00 | 1,391,841.24 | 1,391,841.24 | | | 0.00 |
| | PUR | 01/31/24 | 175.670 | 175.67 | 0.00 | 0.00 | 175.67 | 175.67 | | | 0.00 |
| | SAL | 02/29/24 | 62,647.460 | 62,647.46 | 0.00 | 0.00 | 62,647.46 | 62,647.46 | | | 0.00 |
| | PUR | 02/29/24 | 20,063.790 | 20,063.79 | 0.00 | 0.00 | 20,063.79 | 20,063.79 | | | 0.00 |
| | PUR | 02/29/24 | 45,883.270 | 45,883.27 | 0.00 | 0.00 | 45,883.27 | 45,883.27 | | | 0.00 |
| | SAL | 02/29/24 | 5,343,292.070 | 5,343,292.07 | 0.00 | 0.00 | 5,343,292.07 | 5,343,292.07 | | | 0.00 |
| | PUR | 02/29/24 | 180.360 | 180.36 | 0.00 | 0.00 | 180.36 | 180.36 | | | 0.00 |
| | SAL | 03/31/24 | 300,837.600 | 300,837.60 | 0.00 | 0.00 | 300,837.60 | 300,837.60 | | | 0.00 |
| | SAL | 03/31/24 | 53,377.400 | 53,377.40 | 0.00 | 0.00 | 53,377.40 | 53,377.40 | | | 0.00 |
| | PUR | 03/31/24 | 17,884.920 | 17,884.92 | 0.00 | 0.00 | 17,884.92 | 17,884.92 | | | 0.00 |
| | PUR | 03/31/24 | 731,316.360 | 731,316.36 | 0.00 | 0.00 | 731,316.36 | 731,316.36 | | | 0.00 |
| | PUR | 03/31/24 | 168.750 | 168.75 | 0.00 | 0.00 | 168.75 | 168.75 | | | 0.00 |
| | PUR | 04/30/24 | 132,064.180 | 132,064.18 | 0.00 | 0.00 | 132,064.18 | 132,064.18 | | | 0.00 |
| | SAL | 04/30/24 | 4,430.940 | 4,430.94 | 0.00 | 0.00 | 4,430.94 | 4,430.94 | | | 0.00 |
| | SAL | 04/30/24 | 64,059.440 | 64,059.44 | 0.00 | 0.00 | 64,059.44 | 64,059.44 | | | 0.00 |
| | PUR | 04/30/24 | 1,475,602.270 | 1,475,602.27 | 0.00 | 0.00 | 1,475,602.27 | 1,475,602.27 | | | 0.00 |
| | PUR | 04/30/24 | 176.590 | 176.59 | 0.00 | 0.00 | 176.59 | 176.59 | | | 0.00 |
| | PUR | 05/31/24 | 117,828.580 | 117,828.58 | 0.00 | 0.00 | 117,828.58 | 117,828.58 | | | 0.00 |
| | PUR | 05/31/24 | 74,647.880 | 74,647.88 | 0.00 | 0.00 | 74,647.88 | 74,647.88 | | | 0.00 |





INSTITUTIONAL
ASSET MANAGEMENT

Electrical Workers' Insurance Fund
EIN 38 1393235 Plan NO. 503 9/30/2024
Schedule H, Line 4j - Schedule of Reportable Transactions

ELECTRICAL WORKERS INS FD CONS
CONSOLIDATED ACCOUNT STATEMENT

Account number 20-75-502-***2938
October 1, 2023 - September 30, 2024

Detail

Broker commission report

| Broker/party Asset description | Tran type | Settle date | Shares/units | Purchase/sale Cost/proceeds | Broker commission | Other expense | Cost of asset | Previous annual market | Net gain/loss |
|-----------------------------------|--------------|-------------|--------------|--------------------------------|----------------------|------------------|---------------|---------------------------|---------------|
|-----------------------------------|--------------|-------------|--------------|--------------------------------|----------------------|------------------|---------------|---------------------------|---------------|

NO
ACTIVITY
THIS PERIOD





**ELECTRICAL WORKERS INS FD CONS
 CONSOLIDATED ACCOUNT STATEMENT**
 Account number 20-75-502-***2938
 October 1, 2023 - September 30, 2024

Detail

5% Report by broker-securities

| Broker/party Asset description | Tran type | Settle date | Shares/units | Purchase/sale Cost/proceeds | Broker commission | Other expense | Cost of asset | Valuation | Threshold | Net gain/loss |
|-----------------------------------|--------------|-------------|--------------|--------------------------------|----------------------|------------------|---------------|------------------|----------------|---------------|
| | | | | | | | | \$104,928,368.88 | \$5,245,418.77 | |

**NO
 ACTIVITY
 THIS PERIOD**





**ELECTRICAL WORKERS INS FD CONS
 CONSOLIDATED ACCOUNT STATEMENT**
 Account number 20-75-502-***2938
 October 1, 2023 - September 30, 2024

Detail

5% Report by broker-nonsecurities

| Broker/party asset description | Tran type | Settle date | Shares/units | Purchase/sale cost/proceeds | Broker commission | Other expense | Cost of asset | Previous annual market | Valuation | Threshold | Net gain/loss |
|-----------------------------------|--------------|-------------|--------------|--------------------------------|----------------------|------------------|---------------|---------------------------|------------------|----------------|---------------|
| | | | | | | | | | \$104,928,368.88 | \$5,246,418.44 | |

**NO
 ACTIVITY
 THIS PERIOD**

